

THE
MEDICAL AND SURGICAL REPORTER.

No. 1265.]

PHILADELPHIA, MAY 28, 1881.

[Vol. XLIV.—No. 22.]

ORIGINAL DEPARTMENT.

LECTURE.

ON TETANY.

BY DR. N. WEISS,

Of Vienna.

TRANSLATED FOR THE MEDICAL AND SURGICAL REPORTER.

The affection of which I am about to speak belongs to those disturbances of the nervous system which we are wont to call neuroses; in other words, to those affections which we believe to be caused by changes in the nervous system, which changes, however, cannot be demonstrated as yet.

We have in tetany an ailment whose clinical character can be demonstrated with entire precision, and for which we can frame a well-defined clinical history, but whose anatomical character has not been revealed as yet.

The affection is characterized by a series of paroxysms, which are divided by longer or shorter periods of freedom, during which there is little or no trouble complained of or discoverable in the muscles which were affected by the spasm.

The attacks are almost always preceded by perverse sensations; these consist of rigidity and darting pains in the hands, forearms, and legs, somewhat seldomer of the sensation of formication in these parts; this is soon followed by stiffness in the arms and legs, so that they are moved with difficulty, and immediately thereafter the spasm is fully developed.

The latter attacks the upper extremities most frequently, and causes such a degree of rigidity, especially of the forearms and hands, that even passive movements of these parts are rendered impossible.

The position in which the hand is found is variable, owing to the predomination of the spasmodic contraction in the flexors or extensors. Often the thumb is found violently adducted and the fingers pressed together and over it; the hand is made hollow by the approach of the ulnar to the radial side, and is best described by Trousseau, as the hand of the obstetrician when introduced into the vagina. This position of the hand is characterized by Trousseau as almost pathognomonic of this affection.

In other cases the thumb is pronated and bent and the fingers closed over it so tightly that the impression of the nails is often left in the palm. In exceptional cases the pressure is so severe and long continued that, as is reported by Herard, sloughs may be produced.

In still other cases the thumb is protruded between the middle and index fingers.

In all these cases there is generally a more or less severe ulnar flexion of the hand in the carpal joint. In some very rare cases the hands and fingers are found to be violently extended and the fingers standing far apart. With these positions of the hands the forearms are generally found half bent on the arms, the arms firmly adducted, and the forearms thereby crossed over the epigastrium. In rare cases, however, the arms are found to be abducted.

In many cases, and especially in the beginning of the affection, the spasms are confined to these regions. In a vast majority of the cases, however, and especially later in their course, the spasmodic contractions spread to other groups of muscles; in particular to the lower extremities; yes, there are even cases in which the spasms are entirely confined to these parts. The lower

limbs are almost always found adducted and extended, and the feet in a position of violent plantar flexion.

In severe cases there is also found rigidity of the muscles of the abdomen, trunk, and back.

The tonic contraction of the muscles of the chest and abdomen, by hindering the movements of the diaphragm, evidently give rise to difficult respiration, and even without participation of the diaphragm, to excessive dyspnoea and cyanosis. If the muscles of the neck are also affected, they prevent the flow of the venous blood from the brain, and in such cases there is produced excessive cyanosis of the face, and I have even seen one case in which it produced insensibility at the height of the paroxysm.

The spasms of the muscles of the back cause either opisthotonos or pleurosthotonos. As a rule, however, we find opisthotonos, just as in tetanus.

When the affection has reached such an intensity, the patient will present the same picture as would one suffering from tetanus; the more so because in such cases trismus and tonic rigidity of the muscles of the face are often present. But even in this stage tetany can be distinguished from tetanus if we regard the fact that in tetany the spasm never originates in the masseter muscles, which is the rule in tetanus, if we observe that the spread of the spasm is always from the periphery to the centre, while in tetanus the contrary is the case, and finally, that in the severest paroxysms of tetany there is never present that extreme degree of reflex sensibility which is found in tetanus. Then, if we have the opportunity to observe such patients for a longer period of time, we can convince ourselves that there exist periods during which they are entirely free from the complaint, which periods may last for hours, days, weeks, and even, as some observers teach, months, a condition of things which is not found in tetanus.

During the paroxysms the patients complain of severe pains in the affected muscles; these, however, disappear entirely with the cessation of the spasm.

The cessation of the spasm, which, like its beginning, takes place gradually, is often accompanied by the sensation of formication.

During the paroxysms there is sometimes a condition of anesthesia in the extremities, so that patients are unable to distinguish the surface of any substance with which they are brought into contact, and if they put their feet on the floor they seem to be walking on a soft carpet.

Sometimes the temperature rises (to 104° F.)

during the paroxysms, but I regard this as accidental, as I have only observed a rise in temperature once in twelve cases. Besides these symptoms there have been observed headache, vertigo, and tinnitus at the moment the attack begins.

In the intervals between the attacks, the patients, in many cases, with the exception of a slight stiffness and immobility, which lasts for a short time after the cessation of the spasms, feel perfectly well and go to work again at their occupation. In some cases, however, there have been observed tonic rigidity of one or the other of the muscles of the extremities.

The duration of the paroxysms and of the intervals between them differ greatly. In general it may be stated that the intensity of the spasm is proportional to its duration, as intense spasms generally last for hours; this, however, is not always the case. In the milder cases the paroxysms last from a few minutes to a quarter of an hour; in the more serious cases, however, they may last for hours; yes, there have even been cases observed, in which they have lasted for from one to three days. These latter, however, apparently consisted of a continuous recurrence of various spasms.

The length of the intervals between the paroxysms varies still more. In most cases they vary from a few hours to as many days; there are, however, cases in which the intervals last for weeks, and even several months.

Of especial importance in diagnosing this affection is the so-called symptom of Trousseau, and the peculiar electric excitability of the affected muscles and their nerves.

The symptom of Trousseau consists of the possibility of producing a typical spasm in the affected muscles by pressure on the arteries or nerves leading to the parts. The compression must be continued for one or two minutes before the spasm is produced, and the latter lasts until the pressure is discontinued. The electric excitability of the peripheral nerves is increased to an extraordinary degree, as well by the faradic as by the galvanic current.

A very important diagnostic point is the increased excitability of the nerves by mechanical means; this is best observed by light percussion of the facial nerves. If we strike the face, in the region of the pes anserinus, with the tip of the finger, an instantaneous contraction of the muscles on that side of the face will be produced.

This phenomenon is so easily produced that I would recommend its trial in all cases which are in doubt, and only resort to Trousseau's method in case it prove unsuccessful.

This reflex contraction of the facial muscles can sometimes not be produced, but in cases where it can be demonstrated, I think it pathognomonic of this affection, as I have not been able to produce it in any of the other neuroses.

As regards the etiology of this affection: It is an important fact that it almost always attacks young subjects. There is a remarkable predisposition to it in young children (from four to six years); the largest number of cases, however, occur between the sixteenth and the thirty-fifth year. Pregnancy, childbirth and lactation are predisposing causes. Formerly the occupation of the patients was believed to be a predisposing cause (shoemakers and tailors), but closer observation has failed to confirm this opinion.

As occasional causes, cold, especially working in wet, cold rooms, working in cold water, sleeping on moist ground, may be stated. An important cause is intestinal irritation, the presence of entozoe, etc. Tetany is not infrequently a sequence of variola, Bright's disease, intermitents, cholera, and dentition.

In exceptional cases it has been observed to follow violent emotional excitement.

I have observed that tetany is most frequently met with in the months of January, February, and March, and I would not have the possibility of an active genus epidemicus positively excluded.

I would also call especial attention to the fact that I have repeatedly known tetany to supervene after extirpation of the thyroid gland.

The pathology of this affection is, as already stated, almost entirely unknown. It is not even proven beyond a doubt that the seat of the trouble is the medulla spinalis, even if we include the medulla oblongata. My own opinion, however, is, that the affection is caused by a condition of irritation of the anterior gray columns of the cord, and that this irritation is caused by variations in the blood supply to these parts. The etiology of many cases speaks for the connection of tetany with the irritation of sympathetic nerve fibres in the periphery. There seems to be a constantly present and periodically increased interruption in the innervation of the vessels in the gray substance of the medullae oblongata and spinalis.

Our knowledge of the pathological anatomy of this affection is also very meagre. Langhaus found the nervous elements of the cord unchanged, but the vessels of the white commissure and of the anterior horns showed remarkable changes. These

changes he designated as pericarthritis, and periphlebitis, as they consisted mainly in an unequal thickening of the adventitia of these vessels, which was produced by a deposit of cellular elements, granules, and pigment. I have, however, been unable to verify any of these changes.

The diagnosis of tetany cannot be difficult if the symptoms which I have mentioned are carefully considered.

The prognosis is generally favorable; only in very rare cases does death result.

The therapeutics of tetany consists, for the milder cases, in a mere expectant treatment and the removal of any predisposing causes. If the paroxysms are severe and often repeated, subcutaneous injections of morphia should be given during the paroxysms, and hydrate of chloral 4.0-8.0 (5j-3ij) p. d., in the intervals.

Bromide of potassium, in large doses, 5.0-10.0 pro die, may also be given.

The application of ice-bags to the cervical region during the paroxysms is attended with beneficial results. The treatment with electricity has not been attended with success.

Warm full baths, arm-baths, and cold-packing of the extremities are also said to act beneficially.

COMMUNICATIONS.

THE UNDEFINED POISONOUS QUANTITY OF MORPHINE.

BY A. S. HUDSON, M.D.,

Of Stockton, Cal.

There is alacrity with which morphine saves life; there is tardiness in its action to destroy life. The curative dose is undefined; the quantity is whatever is needed for the case in hand. The amount required to destroy life is likewise undefined; so that in some constitutions the drug is *not* poisonous in any known quantity.

The wife of Dr. Case, of California, who died of that painful malady, cancer of the breast, uniformly got rest and immunity from pain with one-sixteenth of a grain of morphia, taken by the mouth. She was unable to bear a larger dose, and, as the case advanced to the final loss of life, it never became necessary to increase the size of it above that small amount. In that instance a grain or a grain and a half might have proved fatal to life. This case is an exception to the requirements usual for the use of the drug.

The number of instances in which it will not prove fatal to life is, perhaps, larger than is generally believed.

Most of the recoveries following a frightful

dose have got well after strenuous restorative efforts have been made, and the recovery is naturally ascribed to those efforts, and particularly to the agents therein employed.

Thus Dr. W. F. Norris, *American Journal of Medical Science*, October, 1862, attributes to belladonna the property of an antidote to opium; and to opium the antidote to belladonna. But as these agents are generally used precipitately, and also conjoined with others, the exact influence of the one or the curative agency of the other are alike hasty and mixed; and self-deception obtrudes as the misleading goal. In the cures reported by Dr. Norris, he seems to take no account of the systemic resilience to hurtful agents.

In the instance where he reports some seventy-five grains of morphine to have been swallowed, it was nearly three hours before full narcotism set in. The patient had been vomited with sulph. of zinc, and a strong decoction of coffee was given before belladonna was resorted to; and then recovery of the patient is ascribed to belladonna; when in reality, there is no evidence to believe that belladonna exerted any influence in the case, save to change the pupil from small to large size.

It is quite probable the man would have recovered if nothing had been done.

Dr. Norris mentions the number of respirations were eleven per minute. Two cases of profound narcotism that came under the observation of the writer, a man of thirty-five years, and a young woman, presented still more remarkable respiratory features. The man had resorted to opium for relief from a painful fistula and recklessly took an overdose. The woman was narcotized with hypodermic injections of morphia, therapeutically employed. The pupils of the eye in both presented the pin-point contractions, and their breathings were, in each case, a little over one respiration per minute, or more nearly, three respirations in two minutes.

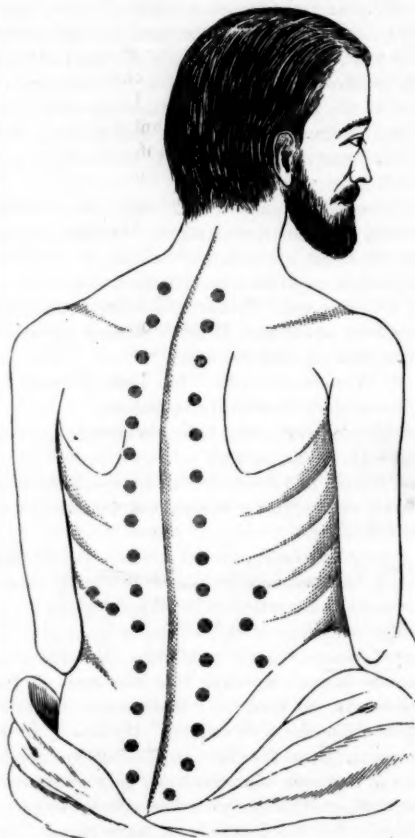
These patients recovered with merely watching and an occasional shaking, to start the breathing. If belladonna had been given, the "cure" following could have easily been ascribed to it. There is as much reason to believe belladonna or atropia will augment the hurtful powers of opium as to look for any other result.

The following noteworthy case, with the carefully prepared drawing, was kindly furnished me by A. T. Hudson, M.D., physician to the San Joaquin County Hospital, California.

Frank Grinnell, from Texas, aged thirty-seven, married. Overborne by despondency he resolved

to end his life, and took two bottles of morphia, each containing one drachm, about six p.m., November 15th, 1879. The drug failed to answer the hopeless intention. The next morning the man could not walk, suffered from pain in the limbs, back and stomach. He vomited all food and drink. Admitted to the hospital the 19th.

A singular eruption was observed upon his back, as shown in the figure herewith, of which there was no history. It presented two rows of



MORPHIA MACULÆ.

rose colored spots, nearly the size of a dime piece, symmetrically arranged on either side of the spinal column, and numbering fifteen on either side, and three spots over each kidney. They had no raised surface, nor did they disappear on pressure. After several days the spots gradually faded and disappeared.

Doubt was expressed about the quantity of morphia Grinnell had taken. All the evidence consisted in the two empty bottles found near his bed, with their labels, and the statement of

the patient himself. He got well and left the hospital. But some two weeks later Grinnell was found dead in bed, with two other empty morphine bottles and with a nearly empty half-pound bottle of chloroform near him.

It appeared that, to make sure of self destruction, he had supplemented the opiate with the inhalation of chloroform. This kind and amount of unhappy proof confirmed the truth of Grinnell's statement; and we were now obliged to believe that on the prior occasion he had, as he said, swallowed the two drachms of sulph. morphia at one dose; and that he would probably have survived the second two drachms, had he not added thereto the chloroform. In his case morphia by itself would not kill, but was fatal when united with the action of chloroform. This case presents the visible effects of the cerebro-spinal action of opium in a startling manner. At the post-mortem, the above mentioned spots had returned with their original form and brightness.

Therefore, there is no telling beforehand what will prove a fatal dose of morphine. Nor is there any telling, after a recovery from its threatening power, what was the curative agent.

HOSPITAL REPORTS.

UNIVERSITY OF NEW YORK CITY.

CLINIC OF WILLIAM M. POLK, M.D.,

Professor of Obstetrics and the Diseases of Women and Children.

Laceration of the Perineum.

The first patient, gentlemen, whom I shall show you, presents a difficulty which is likely to arise at childbirth, usually at the first one. At first the patient may experience little inconvenience from the difficulty, viz., laceration of the perineum, but after a while, owing to changes which take place, she begins to suffer from various complaints, most of which are well illustrated by the patient before us. In order that we may have a thorough understanding of the case before we proceed with the operation, let us find out just what she complains of.

In answer to my questions, she says she is twenty-nine years old, that she has had five children, her first confinement being thirteen years ago, and the last one four years ago. She states that she feels no soreness, no pain, and that she is quite as well as any of us, only that her womb is down; she knows that her womb is down, because when she walks, or strains at stool or micturition, she feels that it comes down. She says she has no pain in the back, is regular in her menses, has no leucorrhœal discharge; her bowels are regular; once in a while, however, she does have trouble in passing water; she wants to go frequently, and passes but little at a time. And I may say that rest relieves this difficulty with

the bladder, for under the quiet of the hospital during the past week she has not suffered any in that respect.

That, gentlemen, is about all the history we can get from this woman. Now, she is a robust looking woman, and it is unnecessary in this case to wait for time to build up her constitution, or put it in good condition for success to attend the operation for laceration of her perineum. I have spoken to you before of the importance of first treating the patient for an anæmic condition, a low condition of the system, if such happen to exist, before performing this operation; and I will not refer to it again, more than to remind you of the importance of doing so. In a large general hospital it is generally necessary to put the patient under a course of tonic treatment before you will be able to succeed in getting primary union from a plastic operation. Since this patient is in a robust state of health we have had to wait only for her menstrual period to pass over. Of course no operation should be performed about the vagina or uterus during the menstrual flow; not until it has fully ceased.

A first glance at her external genitals shows no abnormal condition, but when the labia are separated, and she makes a bearing down effort, you can see at once that all is not right; the perineum is lacerated down almost to the sphincter ani, and the anterior and posterior walls of the vagina prolapse. The tear is in the second degree. It has healed up a little in the angle near the rectum, by granulation. Now, when this woman makes bearing down efforts, as she does in defecation or micturition, there being no support to the vaginal walls, there is, in the first place, a rectocele; that is, a downward and forward projection of the posterior vaginal and anterior rectal wall, and, secondly, a cystocele, or a prolapsus of the anterior vaginal wall and base of the bladder. Now, when we introduce the finger into the rectum, we find between it and the vagina, not the thick triangular body which should represent the perineum, but a very thin structure, not more than a quarter of an inch thick at its deepest part, and higher up there is no perineal body; only a thin wall represented by the anterior rectal and posterior vaginal walls, which prolapses as she makes an effort at expulsion. Such is the condition of things at the external orifice; now, let us see what is the condition within the vagina. The cervix uteri is not more than an inch from the labia, which is entirely too near the vaginal orifice; the cervix is carried forward nearly up to the symphysis pubis, while the body of the uterus is thrown somewhat backward into the hollow of the sacrum. In other words, there is the first stage of retroversion. Grasping the body of the uterus between the two hands, one on the abdomen and the other in the vagina, we find that it is enlarged.

We have here, then, just the condition of things which favors procidentia of the uterus; it could not be better demonstrated upon any patient. Let us consider what are the supports of the uterus, for it is upon the integrity of these that the maintenance of the uterus in its proper position depends. It is generally supposed that the uterus depends upon the round ligaments, the broad ligaments, and the utero-vesical and

utero sacral ligaments for the maintenance in its proper position in the pelvic cavity. Now, it can be shown, by pulling the uterus down with a strong tenaculum, as we have so often to do in operating for laceration of the cervix, that it is the sacral ligaments which under certain circumstances tend to hold it in position, and which are dragged upon when the uterus is pulled down; that the broad ligaments and the utero-vesical ligaments are relaxed, and can have very little to do with maintaining the organ in position. The ligaments, therefore, have little to do with the maintaining the organ in proper position until it has descended some distance into the vaginal canal, and then the only ligaments which come into play are the sacral. Then there must be some other tissues upon which the uterus depends for support, and they are those upon which the organ rests, and these, in turn, depend upon the perineum for support. Now, if the entire perineum and vagina, and all tissues below the uterus be removed, the uterus and its appendages would undoubtedly descend, fall into the space below. The perineum is the one structure, the abutment, so to speak, which stands between the rectum posteriorly and the vagina anteriorly, and upon the integrity of this body depends the support of those structures which more immediately retain the uterus in position. The rectum, you know, descends down the pelvis to the left of the median line, until it gets to a point a little above the sphincter ani, when it reaches the median line, then, descending along the anterior curve of the sacrum unto within about an inch of the anus, it makes a sharp turn backward. The point at which this turn is made represents the upper portion of the posterior surface of the perineal body. Now, in the well person the fecal matter, as it descends into the rectum, strikes against the anterior wall of the rectum, resting against the upper posterior surface of this perineal body, and is then deflected backward by this wedge-shaped mass, the perineal body. Now, if the wedge-shaped perineal body be destroyed, as it is in this woman, the fecal matter will find nothing to resist it and deflect it backward when it reaches the point referred to, and the rectum will be pushed forward into the vagina, forming a rectocele. If there were here a good perineal body it would prevent the prolapsus of the anterior rectal and posterior vaginal walls. Now, you will remember that the posterior wall of the vagina is attached to the uterus at about the junction of the body and the cervix; therefore, when you make traction upon the posterior vaginal wall, you, of necessity, make traction upon the posterior wall of the uterus itself, and the uterus is dragged lower down into the pelvis, the cervix being drawn forward and the body thrown backward into the hollow of the sacrum. Now, while traction is made upon the posterior wall of the uterus by the posterior wall of the vagina, a certain amount of traction is also made upon the anterior wall of the uterus by the anterior wall of the vagina, for the anterior wall of the vagina rests upon the posterior wall, the two being in so close juxtaposition that no air can enter unless they be separated. The bladder, resting upon the anterior wall of the vagina, descends

along with the uterus when this support is taken away. You see, therefore, how important a part the perineal body plays, and when it is destroyed its restoration becomes a matter of primary importance.

Now, destruction of the perineal body is not always the only element at work in causing prolapsus of the uterus. There is usually a certain amount of sub-involution, which, possibly, may be due to some laceration of the cervix, or the constitutional condition of the patient; that is, the uterus remains somewhat enlarged, and does not return to its original condition before pregnancy; the measurement of its canal may be represented by three inches, or three and a half. The uterus being enlarged, it, of course, tends, of its own weight, to fall, and the support from below then becomes more important; and when the two conditions exist—increased uterine weight and a weakening of the support below—you have a state of things most favorable for procidentia of the uterus. Now, in this patient, you would soon have not alone rectocele and cystocele, but a prolapsus of the uterus down to or below the vaginal orifice, one of the worst conditions we have to deal with in gynecology.

Now, what we propose to do in this case is, first, to restore the perineal body, not simply sew it up externally, but restore the whole perineal body. The rest which the woman will have to take after the operation, for proper union to take place, will have a good influence upon the uterus also; but if afterward we find that organ still enlarged, we shall adopt measures for its support and its return to a normal condition. In performing this operation the lacerated tissues will be denuded from about the lower edge of the remains of the nymphæ to the angle next the anus, and you will find that this is a tedious procedure. Having done this, sutures will be passed in, drawing the denuded opposing surfaces together, the first suture being passed close to the angle next the anus, deeply into the tissues between the anal and vaginal walls, and drawn out on the opposite side; then about five more stitches, one after the other, will be passed higher up, and one just above the denuded surfaces, so as to bring all of these surfaces perfectly in apposition. After the insertion of the sutures, composed of silver wire, they will be twisted and the denuded surfaces thus brought in contact, so as to unite and form a new perineum. If this laceration had been greater, extending through the sphincter ani, we should have a more difficult job to accomplish, namely, restoration of the perineum and also of the sphincter muscle of the anus.

Malignant Uterine Disease.

This patient, gentlemen, does not speak the English language, and I shall have to give you her history as it could best be obtained from her. She is about forty-seven years old, and has had five or six children. Her health was good until a year or more ago, when she noticed a greater loss of blood than usual at her menses, but as she was at about that age when a change of life is expected, she supposed it was due to that fact, and paid little attention to it. Later she had some pain and a feeling of weight about the

genital organs, but being rather averse to consulting a physician, she let matters take their course until about six months ago, at which time her general health became so much reduced that she found it necessary to seek relief. We cannot gather any definite information regarding the examination which she received at that time, but when she presented herself at the hospital there was some emaciation, though not a great deal; there was a great deal of loss of strength; the bleeding was considerable, and grew more profuse, and caused considerable anemia. There was also a yellowish-brownish appearance about the skin, which could not be accounted for by simple loss of blood. She had no symptoms referable to the rectum or bladder, and so far as she could judge, she had simply some uterine complaint. Now, you see, there is nothing very definite in such a history; several conditions which often exist at this time of life might give rise to the symptoms which she narrated. Her chief symptom is bleeding, and this often occurs, as before said, at this time of life. On making an examination you will find, in some instances, that it is due, simply, to a polypus, or a fibroid tumor, and if so, it may be considered fortunate, for these can often be relieved without much difficulty. Again, it may be due, simply, to a granular degeneration of the lining membrane. There is another condition which, although not particularly liable to occur at this time of life, may do so and give rise to hemorrhage; and women are apt to think it more liable to make its appearance then than at other times. I refer, of course, to carcinoma. The points, then, which we have for consideration are, whether this bleeding be due to granular degeneration of the mucous membrane of the uterus, a condition which occurs frequently at this period of life; or, whether it be due to a kind of hyperæmia which is liable to occur at this time, not connected with any special change in the mucous membrane of the uterus; or, whether it be due to a fibroid tumor or a polypus; or, lastly, whether it be due to carcinomatous degeneration.

Now, if it be cancer of the uterus, you would expect to find its seat in the cervix, as it occurs there more frequently than in any other portion of the uterus. Will one of you please come forward and make the examination? Now, Doctor, if there be cancer of the cervix, in what condition would you expect to find it? "Enlarged, indurated, nodular, and it would probably bleed readily." Yes, sir; especially if the cancer had existed for some time, it would probably bleed quite readily, and it is for this reason the examination should be made with the greatest care. A portion of tissue may be scraped off with the finger, a little bleeding may occur at the time, but not sufficient to specially attract the attention of the examiner; the patient may go home, and after a few hours the doctor may be sent for in haste, and going to her house find her greatly reduced from loss of blood. This accident is especially liable to occur when the speculum is used, and for this reason the examination should not be made with the speculum, except it be absolutely necessary to do so. These are practical points, and I will mention another. Patients having such symptoms as this woman has com-

plained of, rarely think they have cancer; and you may, upon making an examination, find a cauliflower like growth, which, being touched, bleeds readily and freely, and it is to this fact, the result of your examination, that the ignorant class of patients are apt to attribute the commencement of malignant disease. An example of this kind occurred in this hospital lately. About a year ago a woman was admitted who had a cauliflower like growth on the cervix, pointing plainly to cancerous degeneration, but, wishing to conceal the fact from her, to prevent mental depression, she was not told of it, and I tried not to use a term in her presence which would render her cognizant of the fact that she had cancer. No hemorrhage occurred until later, when on one occasion, using Sims' speculum to make an application, a little bleeding occurred. She afterward went out of the hospital and remained some time, and then returned a victim of severe hemorrhages, perhaps the result of some treatment which she received outside. The hemorrhages were so severe that it was necessary, on a number of occasions, to tampon the vagina. The cancerous degeneration had involved the peritoneum and organs neighboring the uterus. The time had come to let it be known what was her true condition, and when she heard of it she said immediately, and believes now, that the cancer was caused by our examination at the time when hemorrhage occurred. It may not be best to tell the patient herself, at an early stage of the disease, that she has cancer, but her friends may be informed of the fact, or, at least, that she has an incurable disease, and thus avoid any such false impression.

Now, if the cause of this hemorrhage be a granular or fungous degeneration of the mucous membrane of the body of the uterus, will the cervix or os present any indications thereof? "Not necessarily." No, not necessarily; but if the granular degenerations be large and polypoid in structure, the external os may be more open than normal, and present some indications pointing to the affection; if the degenerations be small, it will offer very little diagnostic information. If there be a polypus, or a fibroid tumor, it may present in the cervix, and if it be of considerable size the body of the uterus will be so enlarged as to be recognizable by bimanual manipulation, and by the passage of the sound. If, then, cancer of the cervix be not clearly evidenced in itself, it may be diagnosed negatively, by excluding other conditions which might give rise to the symptoms which exist; but cancer frequently presents conclusive evidence of its presence in itself, and, if required, a microscopical examination can be made. Now, besides the other signs of cancer mentioned, which are present in this case, there is a very offensive odor upon making examination, which is almost characteristic of this disease. I say almost, because even a portion of a polypus, in sloughing, may undergo degeneration and give rise to an odor of decomposing flesh, probably, however, not quite so bad as exists here. The disease has invaded other tissues in this case, so that the uterus is bound down, and the prognosis is altogether unfavorable. I speak openly before her, because she does not understand our language.

Now, the question arises, what can be done in such cases; for they cannot be abandoned altogether. As they live a varying length of time, from one year to two or three, the first indication is to improve or maintain the general health, as far as can be done by food and tonics, and general hygienic conditions. Then cleanliness, and getting rid of the offensive odor and leucorrhœal discharge, as far as possible, is indicated. Then, if there be much pain, relieve it by anodynes, and these are cases in which we are justified in using opium freely, if necessary, to relieve suffering. The patient cannot live a great length of time, especially where the disease has gone as far as it has here, and there can be no harm in making her comfortable during the remaining short period of her life, by the administration of opium. If the disease were in its earlier stages, and involved simply the neck, it might be amputated; but when other tissues have become infiltrated, as in this case, such an operation would be altogether unjustifiable. In cases in which there is great bleeding from the degenerated tissue, the loose part of this may be scraped off with the curette, and then cauterized with the actual cautery, the only safe cautery to use as a hæmostatic in these cases; nitrate of silver, sulphuric acid, and the caustic alkalies, are too difficult to limit in their effects. Thus, you see, very little can be done in these cases but to control symptoms and make the patient as comfortable as possible.

MEDICAL SOCIETIES.

PENNSYLVANIA MEDICAL SOCIETY— THIRTY SECOND ANNUAL MEETING.

First Day.

AFTERNOON SESSION.

(Concluded from page 585.)

At 2 P.M. the President called the Society to order.

Dr. Albert H. Smith, of Philadelphia, offered the following:—

Whereas, This Society has reason to believe that in a recent bill before the State Legislature, in reference to the organization of the Warren Hospital for the Insane, the principle set forth by this Society at the meeting at Chester, in 1879, and afterward embodied in a law enacted by the Legislature, recognizing the propriety of the female insane of the State being treated by physicians of their own sex, and their right so to be treated, has been ignored, and a plan of organization adopted or is about to be adopted, which will prevent the female patients of the Warren Hospital from being under the unrestricted control of female physicians in their medical treatment and general care;

Whereas, The correctness of the principles enunciated by this Society in this matter has been proven and clearly established by the thorough success of their practical working in those hospitals already organized in obedience thereto; therefore,

Resolved, That this Society does respectfully but earnestly protest against any action in relation to the State Hospital at Warren, or any other to

be hereafter founded, which involves a retrograding from the principles recognized, by placing the insane female patients under the sole care of a male medical superintendent, or making the female medical officers subordinate to, or dependent upon, or controllable by such superintendent, or by any plan of organization other than one placing a woman practitioner in unrestricted and absolute authority over the medicinal, moral, and physical treatment of the female patients in State hospitals for the insane.

On motion, it was made the special order, as the first business for Thursday morning.

The amendments to the constitution, offered last year, were called up and discussed, but the hour having arrived for the address in surgery, further action was postponed.

The address in surgery was then read by Dr. S. M. Ross, of Altoona. He warmly advocated conservative instead of heroic treatment, unless the latter was absolutely necessary to save life or prolong life. Conservative and successful surgery are almost synonymous. The doctor described at some length several cases he had treated, in which the limbs, or parts of limbs, had been saved by conservative treatment. The profession are apt to be too unwilling to trust to nature's recuperations. Tight bandage of wounds, he said, has done more harm than all other causes combined, by obstructing the circulation. The antiseptic treatment of wounds and lacerations was commended. After the second battle of Bull Run, wounded men were permitted to lie on the field for many days before they could be placed in hospitals; all of them got well; while those who were at once placed in crowded hospitals died off, like rotten sheep, owing to the crowded condition of the hospitals, the impurity of the air and the medicine, etc.

Dr. W. B. Ulrich, of Chester, endorsed Dr. Ross's views, and gave the particulars of one or two of his own cases.

After which the paper was referred to the Committee of Publication.

Dr. Jacob Price, of West Chester, read a paper on "The Importance of Local Treatment in Congestion and Inflammation of the Cervix of the Impregnated Uterus." He took the ground that in very many instances, the double duty resting upon the physician is to alleviate suffering as well as to save life. The observations of the writer led him to the conclusion that in many cases the existence of inflammation of the os and cervix during pregnancy, and even when recognized, its bearing upon the comfort and, indeed, the safety of the patient, was not properly estimated. Its frequency, especially in the primiparæ, he believed, was much greater than is generally supposed. The over-mental strain and physical exertion involved in the establishment of a new home, the prolonged standing at reception, as well as the disturbance of frequent sexual intercourse, conspire to its development in this class of patients, and their timidity and reticence are likely to keep the true difficulty hidden, unless the medical attendant is carefully on the alert to detect it. The presence of the foetus he believed an aggravating influence, often bringing to light a cervicitis too slight for previous notice.

The local suffering, as well as the reflex disturbance, he believed most intensified by the presence of pregnancy. The latter in some cases is so profuse as to lead to a fatal result. He traced the history of five fatal cases, not heretofore reported, no two of these occurring in the practice of the same physician. A part of the paper dwelt forcibly upon the physical and mental suffering entailed by an obstinate case of the sick stomach of pregnancy, and urged in strong terms the duty resting upon the practitioner of giving them the most active care and sympathy.

Dr. Price claimed that most of these obstinate cases, defying, as they usually do, medicines directed to the stomach itself, were but a reflex disturbance, dependent upon a congested or inflamed condition of the cervix, and are to be relieved by treatment usually relied upon in cervicitis, viz: a soluble state of the bowels, rest in bed, and local treatment. His practice is to use the speculum, and apply to the canal of the cervix (a short distance) and its whole vaginal surface, a solution of iodine, crystallized carbolic acid, and tannin, each two drachms, dissolved, by the aid of heat, in an ounce of concentrated glycerine. Then to place in contact with the uterus a tampon of absorbent cotton, saturated with pure glycerine. This is kept in situ by a second large tampon of dry cotton. The osmotic property of the glycerine causes a free, watery flow for about a day, which unloads the congested vessels of the cervix, and adds to the astringent effect of the agents used. His success with this plan of treatment was most satisfactory.

From numerous cases, he selected two, that all through previous pregnancies had suffered from sick stomach and nervous depression, till life was a burden and the danger became imminent. These had failed to be relieved by the most careful and skillful general treatment, directed by physicians of acknowledged ability and experience. Both were promptly and permanently relieved by the course above indicated.

The use of the speculum, he urged, is not always essential. Medicated tampons placed against the cervix by means of the suppository tube, are sufficient in some cases, and in others vaginal injection of a simple astringent and anodyne solution. These he does not, however, regard as effectual, or as safe as the direct application by means of the speculum.

The author had found the literature of this subject—in view of its bearing upon the welfare of so many sufferers—strangely merged. Dr. T. E. Bennett was the only one that had clearly and fully traced the dependence of the obstinate vomiting of the patient upon an inflamed cervix. Cazeneave had given the subject considerable space, but had developed nothing in regard to its pathology.

The paper closes with an earnest appeal to physicians to give these cases the careful attention their bearing upon the safety and comfort of the patient demands.

Dr. Sutton, of Pittsburg, not only disputed the soundness of Dr. Price's treatment, but declared it to be based upon a false pathology, exploded hundreds of years ago, and revived again recently. Dr. Price found able advocates in

A. M. Pollock, of Pittsburg, Dr. W. W. Dale, of Carlisle, Dr. Albert H. Smith, of Philadelphia, Dr. John L. Atlee, of Lancaster, and Dr. Ulrich, of Chester, all of whom, in general, accorded with Dr. Price in theory and treatment. The paper was then referred to the Committee of Publication.

Dr. S. D. Risley, of Philadelphia, read a paper on "Affections of Lachrymal Passages, their Nature and Treatment." Attention was given only to the affections of the drainage system of the lachrymal apparatus. Disease and consequent constriction might occur in any part of drainage tubes, resulting in retention of tears in the *cul de sac* of the conjunctiva. The presence of the retained tears resulted in lachrymal conjunctivitis, with thickening of the conjunctiva and blepharitis ciliaris, causing a red and watery eye. One of the most serious annoyances arose from the irregular refraction by the cornea, produced by the follicle of tears, which heaped themselves against the surface of the cornea on the border of the lower lid. Obstruction might occur at any point between the puncta and the nose. The style as a means of treatment for obstruction of the nasal duct was obsolete. The method of treatment now quite universally employed was that of Bowman, by slitting the lower canaliculus and probing the lachrymal duct. When the constriction was in the canaliculi this was unnecessary, since simple dilatation, without slitting the canal, was sufficient. Many cases of retained tears were due to a closure at the puncture only, and a few dilatations were sufficient to remove the trouble. When the stricture was in the nasal duct it was necessary to lay open the canaliculus well up to the sac, in order to secure readier access to the duct. The theory for the treatment by probing, in Dr. Risley's opinion, was pressure, and not the stretching or tearing of the stricture. Hence, a probe should be used sufficiently large to pass tightly, but not to rupture the tissues composing the stricture. It should remain until firmly grasped by the constriction, twenty to thirty minutes usually being sufficient. The constricted part was thus subjected to considerable pressure between the probe and the bony walls of the duct.

The old method of forcible dilatation by large probes was again being employed by some, but strenuous objection was made to this. Several skulls were shown, in which even the bony duct would not admit the larger probes of a series now recommended for use.

Acute purulent inflammations of the sac did not require to be opened on the cheek, since they could be emptied through the slit canaliculus, thus avoiding the conspicuous fistula on the face.

Dr. J. W. C. O'Neal, of Gettysburg, read a paper entitled "Contributions to the History and Use of Katalysine Spring water at Gettysburg." After referring to the battle of Gettysburg and its decisive results, Dr. O'Neal stated that many of the people of their section were left in an impoverished condition, and were compelled to look around and find means of support. Just west of the ridge on which Gen. Reynolds was killed is a mineral spring, which, up to that time, was held in small account; but the owner conceived the idea that it might prove valuable in

both a pecuniary and medical sense. The historic associations of the locality, the beauty of its surroundings, its variegated scenery and salubrious air, would of themselves be attractive to tourists, and if the waters of the springs should prove to be valuable, there was a fortune in them. The waters were analyzed and found to contain many valuable properties; they obtained notoriety through wide and judicious advertising, and are much sought by invalids, who are always hopeful. The speaker gave an analysis of the waters, and claimed that, properly used, they were beneficial in cases of gout, rheumatism, dyspepsia, diabetes, indigestion, and some other diseases. He thought, however, to secure lasting benefit, the patient should live at the springs, drink the waters and bathe in them, and inhale the pure air of the surrounding country, which is 550 feet above the tide. The paper was referred, as usual.

Dr. C. C. Seabrook, of Harrisburg, read a paper on "The Pathology of Shock." The speaker detailed the results of many experiments and vivisections made by him on this subject, and exhibited diagrams showing the rise and fall of the blood currents, as shown under the microscope in some experiments with wounded frogs, dogs, and rabbits. This was also referred.

On motion of Dr. C. A. Rahter, of Harrisburg, the amendment to the constitution, offered by him last year, was taken up:—

Article IV, Section 1. After the word Treasurer, add, "Judicial Council."

Also, By-Laws, Article I, substitute for Section 10:—"A Council, consisting of nine members, shall be elected, whose duty it shall be to take cognizance of and decide all questions of an ethical or judicial character that may arise in connection with the Society. Of the nine members of the Council first elected, the three first named on the list shall hold office for one year, and the second three named shall hold office for two years. With these exceptions the term of office of members of the Council shall be three years, three being elected annually.

"The said Council shall organize by choosing a President and Secretary, and shall keep a permanent record of its proceedings. The decisions of said Council, on all matters referred to it by the Society, shall be final, and shall be reported to the Society at the earliest practical moment. All questions of a personal character, including complaints and protests, and all questions on credentials, shall be referred at once, after the report of the Committee of Arrangements, or other presentation, to the Judicial Council, and without discussion."

A motion by Dr. Jackson, to strike out "all questions on credentials," was, after some discussion, negatived.

The amendments, as originally offered, were then adopted by an almost unanimous vote.

On motion of Dr. T. Green, of Easton, the other amendments were made the special order for Thursday, after action on the first special business.

Adjourned, until evening.

EVENING SESSION.

Vice-President Dr. W. Varian, of Numidia, called the Society to order, at 7½ p.m. The Pres-

ident, Dr. J. T. Carpenter, of Pottsville, read the annual address.

The Doctor referred to the great progress made by the State Society since its organization in this city thirty-three years ago. Then it was weak and without organization; now it is strong and is a power in the land, and influences for the good of the people the legislation of the State. After recounting at some length the importance of the Society, its objects and duties, Dr. Carpenter entered upon the subject of his address, "The Treatment of the Insane." He stated that there are 45,000 insane persons in the United States, and that the ratio is largely increasing; that they belong to all classes of society, and that their proper treatment has become a question of overshadowing importance. Dr. Carpenter described, at considerable length, the treatment of the insane, both in this country and Europe, and while he gave our superintendents and physicians in charge of these institutions credit for doing the best they could under the circumstances, he declared our present system essentially wrong and far behind that of England and some other European nations. He argued that the superintendent of an insane asylum should be entirely exempt from business matters, such as the furnishing of supplies, keeping accounts, etc., and should devote his whole time to a scientific study of his patients and the training of his assistants. He complained that under the Pennsylvania system—or rather want of system—young and inexperienced physicians are selected to take charge of such institutions, instead of older and more experienced physicians, and that the number of physicians is far too small to properly attend to the patients. What is to be done with the convalescent insane is an important question, and one that appeals for early action. The English plan is far in advance of ours in this respect. There special wards are provided for the convalescent, apart from the asylum. These are often at the seaside or other pleasant place, where there is little or no restraint upon the patient. The transition from the asylum to the home should not be too sudden, as relapses are often thereby caused. Dr. Carpenter concluded by expressing the hope that the time was not far distant when the United States, now so far behind Great Britain in the treatment of the insane, will take a leading position and instruct Europe instead of receiving instructions from her.

On motion of Dr. John L. Atlee, the thanks of the Convention were tendered Dr. Carpenter for his address, and a copy was requested for publication.

Adjourned until 9 A.M. on Thursday.

Second Day.

The session was opened with prayer by Rev. C. F. Knight, D.D., after which the following announcement was made of members of the Nominating Committee:—

Allegheny, T. J. Gallaher; Berks, L. De B. Kuhn; Blair, George W. Smith; Butler, Samuel Graham; Chester, Jacob Price; Clarion, J. William Leadenham; Columbia, F. W. Redecker; Crawford, W. Varian; Cumberland, W. W. Dale; Dauphin, H. L. Orth; Delaware, J.

W. Phillips; Erie, J. L. Stewart; Fayette, R. W. Clark; Franklin, D. M. Unger; Huntingdon, J. W. Dinwiddie; Indiana, J. L. Crawford; Jefferson, M. M. Rankin; Lancaster, J. A. Ehler; Lycoming, Thomas Lyon; McKean, J. C. Elliott; Mifflin, H. Van Valzah; Montgomery, William Anderson; Montour, J. D. Mausteller; Northampton, A. Seip; Perry, M. B. Strickler; Philadelphia, L. Turnbull; Schuylkill, J. H. B. Amick; Venango, A. L. Potter; Washington, A. J. Patterson; Westmoreland, R. McConaughy; York, S. J. Rouse.

The preamble and resolutions offered yesterday by Dr. Smith, relative to female superintendents and physicians for the female patients in the insane asylum at Warren, and asylums elsewhere, were taken up. They were discussed at some length by Dr. Smith, Dr. Atlee, Dr. Traill Green, Dr. Corson, Dr. Curwen and Dr. Rahter, after which they were voted down, by a decided majority.

Drs. John Morris and J. A. Stewart, of Baltimore, representatives from the Medical and Chirurgical Faculty of Maryland, were invited to seats on the platform.

Reports of County Societies having been called for, on motion, those not ready were allowed two weeks in which to report directly to the Committee of Publication.

The amendment to the Constitution offered by Dr. J. T. Carpenter—

Article III. Section 2. The delegates shall receive their appointments from the County Societies, and from the College of Physicians of Philadelphia,

Was then discussed, and unanimously rejected.

The amendment offered by Dr. Dale was announced as withdrawn, the appointment of a Judicial Council having rendered it useless.

Dr. S. S. Schultz, of Danville, read the "Address in Mental Disorders":—

The following characteristics of insanity make it such a serious disease that it was for a long time supposed to be the result of a direct judicial infliction, by the Supreme Judge, of righteous punishment for aggravated crimes:—

It suspends or destroys the mental operations, by which alone man is raised above the brute.

It alters his moral character, so that he becomes suspicious, untruthful, cruel, impure, dishonest, and the object of judicial punishment.

It often exists in an undeveloped form for months and years, ruining the patient's reputation and finances, before the existence of a disease is suspected.

It is a slow disease, taxing the resources of the family, neighborhood and community for a long time, and, therefore, exhausting them much more often than in other diseases.

The mental torture of the patient himself, which drives him to self destruction, or the murder of his dearest kindred.

It often, by reason of its hereditary character, makes several members of a family incompetent for their duties, and a burden to the public.

It requires, for its successful treatment, the removal of the patient from familiar scenes into new and hitherto strange surroundings. His case must be confided to strangers.

As soon as its true nature as a bodily disease

no more mysterious than a catarrh, was understood, sympathy and pity prompted half-civilized States, even, to make provision for the cure and care of the unfortunate victim of so dreadful a scourge. In enlightened States, high judicial authority has pronounced the indigent insane the ward of the State, for which it is bound to provide by considerations both of policy and humanity.

Largely through the presentation of facts and arguments by the State Medical Society to the Legislature, five State hospitals have been established in this State, having room for 3000 patients. Because only about two-thirds of this room is occupied, it has been hastily inferred, and unwisely promulgated by the public press, that too many hospitals had been built and public money squandered for private ends. No greater error than this could be committed. There are at least six thousand insane people in this State, of whom a very small proportion can obtain such care and treatment, outside of State hospitals, as will give them even a decent chance for recovery, not to speak of such comforts and protection as are due to a fellow human being. That poorhouse accommodation is, at its best state, inadequate and unsuitable, is the universal opinion of those who are competent to judge.

That the insane should not be in poorhouses, or adjoining asylums, is strongly maintained by the State Board of Charities.

It was supported by a two third's vote at the State Convention of Poor Directors in 1880.

The legislation of every State of the Union is based on this idea, that the insane must be brought into State hospitals, controlled, supervised and managed by the State.

The question now arises, why are not the insane poor in the hospitals? If there are more insane than can be accommodated in the existing State hospitals, if they can only in these get the treatment which all acknowledge they should have, why, then, are there one thousand empty beds? The truth simply is, that it is a misnomer to call these State hospitals charitable institutions. Would that man be called charitable who fed the hungry and clothed the naked on the condition that he be reimbursed to the extent of four-fifths of his outlay, but turned others equally in need of food and clothing away from his door, hungry and naked, because they had nothing to pay in return? If a person guilty of such conduct should claim to be charitable, he would be denounced as an imposter and hypocrite, and justly so. Now what right have the State and these hospitals to appropriate the name charitable when they do the very same thing? When a poor district can't pay three dollars per week and clothing for the patient, he is not received, no matter how much he may need hospital care. Instead of resting with complacency when the past is contemplated, and assuming that the work is done, there must be legislation that will secure admission to the State Hospital to the poorest and most friendless in the poorest poor district of the State. When this is done, and not before, the State has done its duty toward the indigent insane.

One way of doing this is illustrated in Ohio, where nothing is charged to poor districts for the

support of the patient in the State Hospitals, for the State pays everything. Another illustration we have in Connecticut, where one half is paid by the State, and the other half by the poor districts. Were either of these plans adopted in this State, the State Hospitals would not be long vacant, and the public would then have discharged its duty toward the most helpless and pitiable citizens.

The paper was referred.

Dr. Curwen read a paper on "Rest in Nervous Diseases," in which he took the ground that, as a rule, nervous diseases were of an asthenic type, and that great and steady attention should be given to the proper nutrition after the removal of all disorders which might interfere with the proper performance of that function, and where any special disease prevented the proper nutrition, every effort must be made, by medical and hygienic measures, to sustain the system. That, as so many of the diseases of the nervous system were produced by over exertion and constant strain, men should endeavor to obtain half a day, or a full working day, in each fortnight, at the furthest, in which to enjoy a thorough rest, in place of waiting until the system was nearly run down, and then take it in that season when little rest could be had, by reason of the disposition on the part of the majority to fall in with the fashion, and travel, or lounge about watering places.

That, when disease actually influenced the system, every effort must be made to remove that, by the most careful attention and examination of every organ. That every man should have some object of interest to engage his mind and attention, outside of his regular duties, on the principle that change of occupation is rest. That students and men of literary tastes and habits should be careful to take regular systematic exercise, in order not to divert the blood too much from the spinal cord, which derived its supply, in great part, from the arteries which supply the brain, and if too great a demand was made by the brain for the supply, the lower spinal cord would suffer; but while using that exercise, it must be of a character not to tax too strongly the nervous supply to the lower extremities; that in actual nervous disease absolute rest is demanded in the earlier stages, and graduated rest in the later stages; that it is much better to insist on a large amount of rest, and not to urge the patient to take exercise to regain strength, unless special directions are given as to the kind and degree of exercise, which should be of such a character as not to draw too heavily on the nervous power, and thus increase the exhaustion; and that what is specially needed in the treatment of all nervous diseases is rest, to as great an amount as can be obtained. Careful graduated exercise, short of the point of fatigue, careful medication to strengthen the nervous and general system, and nutritious food adapted to the condition of the patient, and steady adherence to a plan which has been found, on trial, well adapted to the case, and the careful avoidance of all stimulants.

Dr. J. Tyson, of Philadelphia, spoke at some length of the value of electricity as an agent with which to exercise the muscles of patients. The paper was referred.

Dr. Traill Green, of Euston, read a paper on "The State Medical Society and the Preparatory Education of Medical Students." Dr. Green took the ground that many students enter the medical schools entirely unprepared; that many of them have scarcely the rudiments of an English education. This Society insists on higher qualifications, but there are large numbers of physicians who do not belong to the State or County societies, and these cannot be reached and cannot be made to conform with the rules of the Society; but they and their students can be reached by the medical schools demanding a higher requirement on the part of pupils, and refusing graduation to those who do not attain the proper standard. It is a disgrace that many young men, fresh from the college, are rejected as unworthy or unfit, when they apply for positions in the army and navy. After remarks by several the paper was referred.

Dr. John L. Atlee, of Lancaster, asked for information whether the Philadelphia County Medical Society had ever complied with the rule of the State Society requiring county societies to appoint an examining committee to report upon the standard of preparation of applicants.

The secretary answered that such committee had been appointed.

Dr. Oscar H. Allis, of Philadelphia, read a brief paper, entitled, "In what should preliminary examinations consist, and what steps should be taken to make them uniform throughout the State?" The paper was discussed at some length by Drs. Sibbet, Pollock, Findley, and others, and a resolution adopted for the appointment of a committee to report at next annual meeting a schedule or form to be used by county medical societies and members of the same, requiring preliminary examinations of applicants prior to accepting them as students of medicine. The chair appointed the following gentlemen said committee: Drs. O. H. Allis, Traill Green, W. R. Findley, J. B. Roberts, and W. B. Ulrich.

Dr. Wm. B. Atkinson presented a report from the Committee on State Board of Health. The action taken by the legislature during its present session was recited, showing that the Senate bill relative to said board had failed to become a law, through the unavoidable absence of some of its friends in the House, but that the matter has been reconsidered, and the House will probably pass it before adjournment.

By request, Mr. John Norris read the names of those members of the House who had voted against the bill or failed to vote, and urged members of the Society to use their influence with those members in behalf of the bill.

A resolution was presented and unanimously passed, in approval of the Senate bill, and urging its speedy passage.

Dr. O. H. Allis, of the Committee on Rules of Order, reported a series, altering in some respects those now in force. They were adopted and ordered to be printed.

Dr. John Curwen asked the discharge of his Committee on Epilepsy and Insanity, as none of the county societies had reported to him on the subject.

This was agreed to.

Adjourned until 2 p.m.

AFTERNOON SESSION.

The president called the Society to order at 2 P.M.

The address on Hygiene was delayed by the absence of Dr. Lee.

Dr. Wm. Goodell, of Philadelphia, read a paper on the "Extirpation of the Ovaries for Insanity." He detailed a number of cases in which an artificial menopause was thus produced, and with favorable results.

The paper was discussed by Drs. Curwen, Atlee, and Kerlin, and referred as usual.

The address in hygiene was read by Dr. Benj. Lee, of Philadelphia. The subject chosen was "Certain Matters in regard to the Purity of the Air, especially in large cities." It was considered under the two general heads of the air of the street and the air of the home, while the latter was viewed in respect, first, to preserving, and secondly, to restoring its purity. The first point discussed was the composition of street dust. While it contained in addition to earthy matter, which was comparatively innocuous, spores, disease germs, epithelial scales, vegetable cells, etc., as lately pointed out by Dr. Leidy, in it were also found all the products of decomposition of animal and vegetable refuse, together with small particles of iron minutely subdivided. Was it not possible that all these elements being taken into the air-cells, might there undergo fermentation, poisoning the blood at its source, and thus producing the rapidly fatal cases of so-called typhoid pneumonia with which we are so unfortunately familiar, and of which the recent sudden death of a distinguished divine visiting Philadelphia was so lamentable an instance? Under such circumstances the development of cyanogen might reasonably be anticipated, and all the elements for the formation of the cyanides, even of ferrocyanide of potassium, were present. Such a process of decomposition, fermentation, and reconstruction had, in the speaker's experience, been fatal to a large number of trees in the New York Central Park, from the use of street manure. The most dangerous part, as well as the larger part, of the street dust is horse droppings. This should never be allowed to become a part of it. Under a rational system of scavenging it should be taken up while moist, immediately after deposit, instead of being allowed to be ground up into fine dust, and distributed through our own bodies and houses.

In regard to the purity of the air of our houses, the dangers of sewer gas were alluded to, and the defects of the ordinary water trap pointed out. As a more efficient and additional means of protection, a new contrivance, called the Sewer Gas Mercury Seal, was exhibited, in two different forms, the one intended for the water closet, the other for the kitchen sink and toilet basin. Finally, in order to destroy impurities in the air of a house or room, whether from the last mentioned source or from exhalations from the bodies of the sick, ozone was referred to as possessing all the qualities of other gaseous disinfectants, in an astonishing degree. A simple but ingenious contrivance was shown, called the American Ozone Generator, by means of which a constant development of this form of oxygen could be kept up in the sick room, in

quantities claimed to be sufficient to neutralize the noxious emanations from a case of scarlet fever.

Dr. Leffman, in discussion, said: I venture to take exception to some of the points advanced in the address, and, first, in regard to the mercurial sewer trap. Complicated machinery is always objectionable in such apparatus. It is liable to get out of order, and such disarrangement is likely to be unnoticed or uncared for, and the attachment will then become worse than useless. I regard it as indispensable that a sewer-trap should be a perfectly simple contrivance. I see, also, additional objection in the fact that mercury is used in considerable amount. Many cases of poisoning by vapor of mercury are on record, and the effects of this vapor are all the more dangerous because of their insidious nature. Mercury also easily dissolves a number of metals, and the amalgams thus formed will act upon metals which pure mercury will not attack. I think, therefore, that in actual experience, this sewer-trap will be found dangerous and inefficient.

I feel that the same kind of criticism must be given to the "Ozonizer" which has been exhibited. Phosphorus is exceedingly dangerous. Inexperienced persons cannot handle it without almost certain injury, and, like mercury, it easily becomes the source of chronic poisoning. To keep such an apparatus as the one here presented in a sick-room would be highly objectionable. The amount of ozone which it could produce would probably be of little service. With the gaseous disinfectants that have corrosive qualities, the difficulty is that they do not produce much effect unless used in such proportion as to corrode and destroy the majority of the articles in the room. Instruments will be rusted, curtains, clothing, and pictures damaged, and even then the disease germs may escape. Ventilation, cleanliness, and for portable articles, the employment of a high temperature, 250° F., or thereabouts, are the proper methods of disinfection.

In regard to the production of Prussian blue, I doubt the possibility, or, at least, the probability, of its formation in the manner described. Even should it be so formed, we must remember that it is quite insoluble, and is one of the least active of the cyanogen compounds.

The paper was also referred.

The Committee on Nominations reported, through their chairman, Dr. J. Aug. Ehler, as follows:—

The Committee on Nominations would respectfully report the result of their deliberations, and name the following persons for officers of the Society for the current year:—

President—Jacob L. Ziegler, Lancaster Co.

Vice Presidents—1st, Joseph A. Reed, Allegheny County. 2d, W. S. Roland, York County. 3d, J. W. Houston, Chester County. 4th, W. Murray Weidman, Berks County.

Permanent Secretary—William B. Atkinson, Philadelphia.

Recording Secretary—G. Thickston, Erie Co.

Corresponding Secretary—O. H. Allis, Philadelphia.

Treasurer—Benjamin Lee, Philadelphia.

Place of Meeting.—Titusville, Crawford co. Time.—Second Wednesday of May, 1882.

Resolved, That Wm. Varian, of Crawford co., be chairman of the Committee of Arrangements, and that the Crawford County Medical Society is hereby instructed to name his colleagues on said Committee.

The Committee of Publication—Drs. Wm. B. Atkinson, Benj. Lee, Wm. Goodell, O. H. Allis, J. G. Stetler, Jas. Tyson, Philadelphia co.; Isaac N. Kerlin, Delaware co.

Delegates to American Medical Association—Drs. W. Varian, Crawford county; Amos Seip, Northampton; Jacob Day, York; A. F. Balmer, Jefferson; J. L. Crawford, Indiana; Jos. Swartz, Perry; H. St. Clair Ash, Philadelphia; A. S. Bonsteel, Erie; T. J. Gallaher, Allegheny; J. W. Fulton, Chester; Wm. Compton, Lancaster; J. D. B. Kuhn, Berks; J. Curwen, Dauphin; M. H. Alter, Armstrong; J. Pursell, Montour; A. M. Pollock, Allegheny; H. Jennings, Tioga; Boyd Emory, Sr., Washington; W. B. Ulrich, Delaware; H. M. Nipple, Snyder.

Judicial Council.—For one year.—J. L. Stewart, Erie county; Jno. H. Packard, Philadelphia; Wm. Anderson, Armstrong. For two years.—Wm. Varian, Crawford county; Thos. Lyon, Lycoming; R. B. Mowry, Allegheny. For three years.—Traill Green, Northampton county; H. L. Orth, Dauphin; Jno. T. Carpenter, Schuylkill.

Delegates to the New Jersey State Medical Society.—George D. Nutt, Lycoming county; Chas. S. Turnbull, Philadelphia; J. H. B. Amick, Schuylkill; S. S. Schulz, Montgomery; L. Lenker, Columbia; Chas. K. Mills, Henry Leffman, Philadelphia.

Delegates to the New York State Medical Society.—J. L. Stewart, Erie county; J. C. Elliott, McKean; B. F. Herr, Lancaster; A. H. Smith, Philadelphia.

Delegates to the Ohio State Medical Society.—Drs. J. M. Batten, Allegheny county; J. T. Clark, Erie; E. E. Montgomery, Philadelphia; W. H. Stewart, Armstrong.

Delegates to the Delaware Medical Society.—Drs. James B. Eby, Perry county; W. R. Findley, Blair; Geo. W. Vogler, Philadelphia; C. A. Woodward, Chester.

Delegates to the West Virginia State Medical Society.—Drs. J. A. Patterson, Washington county; D. W. McConaughy, Westmoreland; H. Howard Hill, Bedford.

Delegates to the Maryland State Medical Society.—Drs. Sam'l J. Rouse, York county; G. W. Berntheisel, Lancaster; Jno. Montgomery, Franklin; A. S. Brubaker, Lancaster.

Delegates to the Massachusetts State Medical Society.—Drs. L. Turnbull, Philadelphia county; H. Corson, Montgomery; Ellwood Harvey, Delaware; F. G. Albright, Lancaster.

No change was made in the Censors, save in the fourth district, where J. Montgomery Deaver was made Censor, in place of Brainard Leaman; in the sixth district, A. B. Brumbaugh, Huntingdon co., in place of D. P. Miller; in the seventh district, M. H. Alter, of Armstrong co., was an addition; in the tenth district, O. S. Wright, of McKean co., in place of T. J. Young.

On motion of Dr. Traill Green, the report was received and adopted.

Dr. R. L. Sibbett, of Carlisle, presented and read the "Report on Medical Legislation." It contained a résumé of acts of legislation already passed in the interest of medicine, and the draft of a proposed act compelling all practitioners to be registered. The report pays a high compliment to the Philadelphia *Record* for the energy, zeal and success with which it had hunted down, exposed and brought to justice, issuers of bogus medical diplomas. The physicians now in the Legislature, together with some ex-members, and other distinguished physicians, were also highly commended for their labors.

Dr. Jacob Price offered the following resolution, which was passed unanimously:—

"*Resolved*, That the thanks of the Medical Society of the State of Pennsylvania are hereby tendered to the editor of the *Daily Record*, of Philadelphia, for his untiring and most successful efforts in exposing and bringing to justice those who have been engaged in manufacturing and disposing of bogus medical diplomas."

The annual report of Treasurer Lee was read and referred to an auditing committee, consisting of Drs. Ehler, Curwen and Stewart.

Dr. Lee presented a brief report from the committee on plumbing and drainage, and the committee was discharged.

Dr. R. G. Curtin, of Philadelphia, read a paper on "Catarrhal Inflammation of the Pancreas," and Dr. I. N. Snively, of Franklin county, a paper on "Hygiene in its relations to the medical profession." Both papers were referred.

Dr. O. H. Allis, of Philadelphia, read a paper on "Why deformity so frequently follows fracture at the lower end of the humerus," and "Why fractures just above or below the knee are so dangerous." The Doctor illustrated his remark by taking off his coat and showing his own arms—the right one being sound and shapely, and the other a good deal deformed by a fracture of the elbow joint. He animadverted on the misuse by surgeons of right-angled splints in such fractures, and recommended that the broken arm be bandaged without splints and at full length, instead of being folded across the breast, as is so frequently done, and from which practice ankylosis so frequently results. The great danger from fracture above or below the knee, or from dislocation of the knee joint, is hemorrhage, caused by the rupture of the arteries, which at that joint come close to the bones and almost envelop them. Dr. Allis illustrated his remarks by a model of the bones of the arm, and diagrams of the bones and arteries of the leg.

Drs. Varian and Atlee discussed the subject at some length, and in the main agreed with Dr. Allis. Dr. Atlee, however, asserted that Dr. Allis's mode of treatment was not new; that as long ago as the days of Dr. Physick and Dr. Dorsey, substantially the same practice was followed.

Dr. O'Neal would hesitate to adopt Dr. Allis's treatment, for fear that ankylosis and damages for a stiff joint might be the result.

Dr. Ulrich defended Dr. Allis's practice, and so did President Carpenter, who had treated suc-

cessfully several cases of fracture of the elbow by bandaging the arm in an extended position and without splints. He had passed some of his patients among members of this Society, and so complete had been the cure that they could not discover which of the arms had been fractured.

Dr. Allis concluded the discussion by saying that he had very carefully read Dorsey's surgery, referred to by Dr. Atlee, and would like every member of the Society to read it and see wherein the treatment of fractures by that author accorded with or differed from his own.

After which, the paper was referred.

Dr. Traill Green offered the following preamble and resolution, which were adopted:—

"WHEREAS, a bill is now before the Legislature of Pennsylvania, the object of which is the erection, on the grounds of the Pennsylvania institution for feeble-minded children, of two additional buildings, for an asylum or hospital branch, thereby providing means for the better classification of the several grades of mental infirmity treated in that institution, and,

"WHEREAS, the institution in Delaware county represents the only provision made in the State for a class of defective persons as numerous as the insane, and who had been found amenable to modern means of improvement, therefore,

"Resolved, That the Medical Society of the State of Pennsylvania, assembled this day at Lancaster, commends the objects of the said bill, and hereby expresses its sympathy with all measures for the scientific care and training of the idiotic and feeble-minded children of this commonwealth, and hereby presents it as a subject that shall receive the enlightened attention of State authorities."

Dr. Ulrich suggested that this act be forwarded immediately to the representatives of Delaware county, which was agreed to.

Dr. James Tyson, of Philadelphia, read a paper treating of Bright's disease of the kidneys, and exhibited specimens of urine containing albumen. The paper was referred.

On motion of Dr. Ulrich, it was ordered that hereafter the transactions of the Society shall be bound in cloth.

Adjourned.

Third Day.

The Society was called to order by Dr. Carpenter, President, and Rev. Dr. Greenwald offered prayer.

By request of Dr. A. P. Carr, of St. Clair, Dr. Atkinson, Secretary, read the following letter:—

POTTSVILLE, May 10th, 1881.

Dr. Wm. B. Atkinson, Secretary of State Medical Society:

DEAR SIR: At a special meeting of the Schuylkill County Medical Society, held this day, it was unanimously resolved, that no medical paper presented by Dr. A. P. Carr should be received as a part of the annual report of this Society for 1881, to the State Society, and that the officers of this Society give this notification to the Committee of Publication.

S. C. SPALDING, M.D., President.

Attest: R. S. CHRISMAN, Secretary.

Dr. Varian asked that Dr. Carpenter, of that county, state how the matter was.

Vice President, Dr. Varian in the chair. Dr. Carpenter stated his knowledge of the matter.

Dr. Amick, of the same Society, made a statement.

Dr. Cohen moved that the Committee of Publication be directed to refer the whole matter to the Censors of that district. After some discussion, on motion of Dr. Weidman, of Pottsville, the matter was referred to the Schuylkill county Medical Society.

After some discussion, Dr. Roland, of York, suggested, and Dr. Cohen made a motion, that hereafter a stenographic report of the discussions be taken, as these discussions are often equally as valuable as the papers read. The motion was agreed to.

Dr. L. Turnbull, of Philadelphia, read a paper on "Defective Hearing of Locomotive Engineers." The lecturer noticed at length many accidents occurring from this defect. The paper was referred.

On motion, a committee, to be of Dr. Turnbull's own choosing, was ordered, to bring the matter to the attention of the railroad authorities, and to prepare a memorial to the State Legislature to enact necessary laws relating to the matter.

Dr. J. Solis Cohen, of Philadelphia, read the "Address in Medicine:—"

In preparing this address on medicine, which I have the honor to read before you, I have watched, during the past year, the action of some little known or little used remedies, which have been recently brought into somewhat prominent notice, and the practical value of which is of some importance to medicine, should the claims advanced in their behalf prove well founded.

Perhaps there is no one remedial agent to which recourse is had more frequently or more confidently than to opium. * * * * Substitutes for opium are usually introduced to take its place in the production of some particular effect, rather than all. The most recent candidate for professional recognition in this connection is *piscidia erythrina*, the Jamaica dogwood, whose claims are sufficiently interesting to have induced me to test its value in the few suitable cases which presented themselves in my hospital practice, both at the Jefferson Medical College Hospital and the German Hospital, of Philadelphia. It is claimed for this drug that it is capable of soothing pain, without unpleasant sequelæ such as follow the use of opium. It is said to have been used for a long period in the rivers of Florida, for the purpose of catching fish; stunning the strong ones and killing the feeble. That the drug possesses considerable power in soothing pain, I have had sufficient evidence, but its liability to produce sudden collapse, from relaxation of the heart muscle, renders it anything but a safe remedy in continuous doses in private practice. Notes of a few cases, prepared for me by the residents on duty, are herewith appended. * * * * These cases will appear in detail in the Transactions. While exhibiting a remarkable hypnotic effect of the drug, when given in decided doses at short intervals, they exemplify a pernicious influence, carefully kept in the background, or ignored altogether by most of its advocates.

Several cases were narrated, illustrating the diuretic virtues of *Citrate of Caffein*, and in which there was a lack of that peculiar rigidity of the cardiac muscle to which attention has been called by British practitioners as a result of the use of this drug.

Attention was called to the successful use of *salicylate of cinchonidia* in vague rheumatoid neuralgias. It is best administered in pill, the dose being two to five grains, three or four times a day. It has been used extensively in the Throat room of the Jefferson Medical College Hospital, as a tonic in rheumatic sore throats and in diseases of the nasal passages generally, in that class of cases frequenting a public clinic and apt to be due to exposures similar to those which produce the rheumatic affections alluded to. The Doctor had also used it with considerable success and great satisfaction in several hospital cases of acute rheumatism, substituted for salicylic acid as soon as the latter had relieved the pain. The plan had been to give the salicylate of cinchonidia in five-grain doses at intervals of four hours, and to continue it, the patient remaining recumbent in bed, until all danger of cardiac complications was over.

Other salicylates were highly spoken of, and reference was made to the good effects of *chloride of calcium* in phthisis and infantile scrofula. As is well known, this practice is but the return to the use of a drug formerly employed as an alterant in the treatment of scrofula, before it became superseded by the use of iodine and its compounds.

Any remedial agent which, on scientific grounds or extensive empiric experience, promises success in the management of diphtheria, is worthy our respectful consideration. The false membrane is sometimes detached, by excessive secretion, from the underlying mucous membrane, and sometimes by a process of actual suppuration. The incontestable value of inspiration of the vapor of hot water in detaching the pseudo-membrane, has been accounted for by Prof. Oertel, on the ground that it produces a suppurative inflammation of the mucous membrane, and that the pus detaches the false membrane. Dr. Cohen's own opinion has long been that the vapor of water becomes insinuated beneath the irregular, and perhaps partially detached edges of the membranous patch, and thus mechanically lifts it from its seat. The well-acknowledged value of *jaborandi* in stimulating secretion from the surfaces of the mucous membranes, especially those of the mouth and throat, has led to the utilization of this drug in the form of its alkaloid, *pilocarpin*, for the production of a similar influence beneath the pseudo membrane, and thus to aid in its detachment and expectoration. Dr. Cohen gave some of the published results of the use of this drug, favorable and unfavorable, and expressed the belief that it is being recommended on one-sided theoretic grounds only, its depressing influence on the heart being kept out of sight; an influence which, on theoretic grounds, likewise, has thus far deterred him from prescribing it in his own cases.

The address concluded with a reference to the asserted value of *Iodine* in miasmatic affections as a substitute for quinia, and suggested that the

members of the Society should give this reputed influence a severe test.

The paper was discussed by Drs. French, Townsend, of N. J.; Vogler, Tyson, Turnbull, Traill Green, Rahter, Atlee, and President Carpenter, and referred.

Dr. Crawford Irwin, of Blair county, read a paper on the "Scarlet Fever Epidemic of Hollidaysburg." A discussion followed, participated in by Dr. Traill Green (who denied the usual belief that this, or any other disease, was carried by physicians from patient to patient. He regarded these widely-separated cases as the result of different epidemic centres), Dr. Ulrich, Dr. Rahter, Dr. Atkinson (who urged upon his hearers the great value of the treatment by free ventilation, good nursing, and the employment of digitalis in positive doses. He explained his method of employing this article (of which we have given a very full report in this journal, see Vol. XLIII, No. 23, 1880), and denied the danger, so much feared, of its cumulative effects), Dr. Pearson, and others, and was referred.

Dr. R. H. Milner, of Delaware county, was on the programme to read a paper on "Parasites of the Human Body," but as he was in bad voice his paper was read by Dr. Ulrich. The paper treated almost exclusively of trichina, the modes of its introduction, and the means of killing it and saving those affected by it.

Drs. Ulrich, Leffman, Seiler, Varian, and others followed with some remarks on the same subject. Drs. Leffman and Seiler taking the ground that the hog is not responsible for all the blame cast upon him, and that men are frequently infected with the trichina from eating uncooked or partly cooked beef and other meats; and Dr. Varian believed that the parasite was often introduced into the human body by physicians feeding debilitated patients on raw or partly cooked meats.

Dr. Carl Seiler, of Philadelphia, read a paper on chronic laryngitis. He first considered the causes of this common affection, which he designated as a disease of civilization, and named among them impure air, deranged digestion, and the inhalation of irritating dust. He next described the symptoms and the appearances of the different parts of the larynx, as seen in the laryngeal mirror, without which, he said, the diagnosis could not be made, and stated that in most cases of chronic catarrhal laryngitis a fissure, abrasion, or ulcer was seen in the inter-arytenoid space, which gives rise to the cough and hoarseness. A brief outline of the proper treatment for the affection was then given by the author, and it was insisted upon that general systemic treatment alone, without the aid of topical applications to the larynx itself, was of little value, and that patients, even when sent to a warm climate during the winter were not benefited, but that if they received local treatment made a rapid recovery, more rapid than could be expected in the cold and changeable climate of this section of the country.

Dr. J. L. Crawford, of Indiana county, read a paper on "Indications calling for active treatment in Typhoid Fever." He recommended that active treatment should be only used when

the temperature of the patient rises to 103 or over. In such cases the cold bath and quinine are recommended in preference to all other remedies, and when debilitated the patient should have alcoholic stimulants.

Each paper was respectively referred to the Committee of Publication.

Adjourned until afternoon.

AFTERNOON SESSION.

The President called the Society to order at 2 P.M.

Dr. S. T. Davis, of Lancaster, read the Address in Obstetrics, reviewing the work done by his predecessors. He gave a detailed account of opening the abdominal cavity, as performed by Dr. Richardson, of Philadelphia, to remove the pregnant uterus and ovaries in a dwarf; in a case of abdominal pregnancy, by Dr. H. P. C. Wilson, of Baltimore; a case of puerperal laparotomy, for rupture of the uterus, by Dr. J. W. McCormack, of Bowling Green, Ky., and of a similar case in his own practice.

He discussed the subject of oophorectomy for dysmenorrhœa, epilepsy and insanity; of puerperal pyæmia, of laceration of the perineum, and alluded to the views of Dr. B. E. Mossman, of Greenville, Pa., who regards dilatation as a preventive of laceration, as quoted in his paper in the *American Journal of Obstetrics*, July, 1880. In conclusion, he alluded to the work of the Section on Obstetrics of the American Medical Association, at its late session in Richmond. The paper was referred.

Dr. R. J. Levis, of Philadelphia, presented his method of treating hydrocele and cystic tumors in general, by injections with carbolic acid.

The treatment of hydrocele by producing suppuration has generally been abandoned as prolonged, painful and dangerous. The object of the operative procedure now employed is to produce a plastic grade of inflammation and adhesion of the walls of the cyst.

For this purpose the tincture of iodine has been most frequently used, but its action is uncertain, painful, and sometimes, uncontrollable. It is claimed that carbolic acid produces an inflammation, which neither falls short of, nor exceeds in intensity, that of plastic exudation.

Dr. Levis has relied exclusively on this treatment in the Pennsylvania Hospital, in the Jefferson College Hospital and in private surgical practice, since the year 1871. and has never failed in curing hydrocele of the vaginal tunic of the testis, and many serous, mucous, and synovial cysts in various parts of the body.

After the usual tapping, pure carbolic acid, liquefied by a five or ten per centum addition of water or glycerin, is injected by a syringe with a long nozzle, reaching entirely through the cannula. There should be no more dilution than is necessary to liquefy the crystals. The carbolic acid is then, by manipulating the scrotum, diffused over the cyst walls. No pain is produced by the injection, and the patient is permitted to walk about and to attend to his ordinary duties until generally the next day, when inflammation renders rest agreeable to him. The amount injected is from forty to ninety grains, according to the size of the cyst. No general toxic effects

from the absorption of carbolic acid have ever been noticed. It is believed that the immediate effect of pure carbolic acid on surfaces secreting albuminous fluids is to seal them, and by the occluding action prevent absorption.

It is claimed that in carbolic acid we have a means, if properly used, of producing almost uniformly the proper plastic degree of inflammation necessary for the radical cure of hydrocele and other serous cysts, which are usually deemed amenable to treatment on such principles.

This was referred.

Dr. Risley presented, by title, his report on "Weak Eyes in the Public Schools of Philadelphia." This report was read by title only, for the reason that the twenty minutes allotted, under the rules of the Society, were not sufficient for its presentation. The extensive observation and peculiar character of this paper forbids any brief abstract of its contents, but it will, in due time, appear in the volume of the transactions of the Society.

The President appointed the following:—

To make the Address in Medicine—Dr. E. R. Mayer, Wilkesbarre. In Surgery, Dr. H. L. Orth, Harrisburg. In Obstetrics, Dr. R. S. Sutton, Pittsburg. In Hygiene, Dr. B. F. Muhlenberg, Reading. In Mental Disorders, Dr. C. K. Mills, Philadelphia.

Several invitations were read by the Chairman of the Committee of Arrangements, which were accepted and thanks returned.

Dr. W. S. Roland, of York, offered the following, which was adopted:—

Resolved, That the Secretaries of the several County Societies in the State shall, within three months after the passage of this resolution, report to the Secretary of the State Society the number of students of medicine under tuition of members in their respective Societies during the year ending May 1, 1881, and the number that appeared before the Medical Examiners for examination during the same time; and that said reports shall be presented in the next Transactions of the State Society.

The Secretary read a communication from the American Public Health Association, relative to vaccination, which, on motion, was ordered to be entered upon the minutes.

On motion of Dr. Atkinson, the Standing Committee, which no longer had any duty to perform, was abolished.

Drs. M. S. French and John L. Atlee were appointed by the President to conduct the President-elect to the chair.

Dr. J. L. Ziegler, in taking the chair, thanked the members, and hoped for a full attendance at the next session.

Dr. J. T. Carpenter, on behalf of the Schuylkill County Medical Society, presented a handsome gavel to the State Medical Society.

Dr. Ziegler received it, with appropriate remarks.

Thanks were then tendered to the retiring President, and to the profession and citizens of Lancaster, for their courtesies, and the Society adjourned to meet in Titusville, on the second Wednesday in May, 1882.

EDITORIAL DEPARTMENT.

PERISCOPE.

Therapeutic Uses of Pilocarpin.

The London *Medical Record*, March 15th, gives further notices of the use of this alkaloid. Dr. Lax, of Berlin, following Guttman, has employed muriate of pilocarpin in a small epidemic of diphtheria, and has obtained results so far beyond his most favorable anticipation, that he thinks himself obliged to recommend it most earnestly for wider use. Between September 24th and November 17th, he treated for diphtheria sixteen children of various ages, from one to sixteen years. The first six children were treated by penciling with a 4 per cent. solution of nitrate of silver, and a solution of chlorate of potash as a gargle. To two quite young children, a mixture of chlorate of potash was given. Of the six children four recovered quickly, while two, whose cases were very severe, died. In the last ten cases occurring after October 5th, Lax employed exclusively the muriate of pilocarpin. Six of these were very severe, and in two of them death was expected every night. Nevertheless, all these children treated with pilocarpin entirely recovered. An increased secretion of mucus and saliva occurred; and great masses of diphtheritic effusion were expelled from the mouth as well as from the nose. The breathing became freer, râles ceased to be heard, the fever passed away, and the appetite recovered. The children generally recovered in from three to five days. Labial herpes indicated the favorable processes in all cases. On the third day already all trace of the deposit on the soft palate and tonsils was removed. According to the age, Lax prescribed two to four centigrams of muriate of pilocarpin, sixty to eighty centigrams of pepsin, with two to three drops of hydrochloric acid in seventy grams of distilled water, giving every hour from one teaspoonful to one tablespoonful. In addition, Tokay wine was given hourly (a teaspoonful to a tablespoonful), and warm packs were applied to the neck.

M. Vulpian, having arrived at the conclusion that catarrhal inflammation of the respiratory tubes, and inflammation of the serous membranes in their first stage, are those in which jaborandi or its alkaloid pilocarpin have the most incontestable use, M. Tauleigne states, in his graduation thesis on the subject, that he has employed them in a series of cases, of which he relates fifteen. The effect of jaborandi or pilocarpin is most prompt, and its success most evident, at the outset of the disease. A single effusion of four grams (one drachm) of leaves of jaborandi is often enough to get rid of the affection; and M. Vulpian cites a case of well-marked pleurisy in a child, aged ten years, which, treated from the outset, yielded to the action of pilocarpin in two days. Much less is to be expected from its use in long standing cases. The author relates from his observation of pleuritic effusion without fever or inflammation, in which jaborandi has given

good results, one case, in which considerable effusion had for a month resisted the use of tincture of iodine, eight large blisters, and diuretics, and yielded in seven days to two doses of jaborandi. The fluid once absorbed, and pleuritic rubbing having been noted, jaborandi becomes useless. Recourse must then be had to tonics, and the application of tincture of iodine. Pilocarpin is indicated in the various forms of bronchitis. The author relates a remarkable case of chronic bronchitis, which had persisted during four years, with continued cough, difficulty of breathing, and suffocation, which recovered after the administration of two draughts containing four centigrams of nitrate of pilocarpin. As to the mode of administration he recommends the hypodermic injection of the nitrate of pilocarpin, in doses of one centigram. The patient should be fasting, without which the medicine is apt to provoke nausea and vomiting, as soon as sweating is established. In constipated subjects it acts badly, and it is necessary to give a preliminary purge.

Treatment of Valvular Disease of the Heart in Children.

In an article in the London *Med. Press and Circular*, Dr. W. H. Day writes on this subject:—

The symptoms which arise as a consequence of these organic changes are best relieved by rest and the avoidance of exercise and excitement. By maintaining the general strength and guarding against local congestions and inflammatory attacks, we may often succeed in giving a fair share of health and comfort to children, while warm clothing (particularly cotton-wool or flannel worn over the chest), nutritious food, and active aperients will tend to keep in check some of the worst symptoms, as dropsy, when they show themselves. If congestion of the lungs or bronchitis occur, squill, carbonate of ammonia, belladonna, strychnia, and other stimulating expectorants and sinapisms will be indicated.

When the heart is getting weak and quick, in mitral disease, and there is a tendency to dilatation of the right cavities, the tincture of digitalis administered in gradually increasing doses will improve the tone and fullness of the pulse beat, reduce the frequency of the heart's action, and cause the over-distended cavities to contract more vigorously on their contents. Instead, therefore, of blood accumulating in the heart during diastole, a larger quantity is expelled at each contraction of the ventricle. Digitalis has been said to increase the discharge of urine, but there is some doubt about this so long as low arterial tension remains unaffected. I carefully measured the quantity passed in two cases of mitral regurgitation in children with dilatation of the right ventricle, yet in neither was there any appreciable difference in the amount passed, nor any change in its quality. They were in no way improved by the drug. Traube first noticed that

the fall of the pulse rate and the rise of arterial tension during the employment of digitalis are attended with an increased amount of urine.

In nearly all the cases in which I have given digitalis for the heart affections of children, I have combined it with iron, and frequently with strychnia also. Iron improves the quality of the blood, and the muscular power of the heart. Digitalis is of most value in simple dilatation from debility in the cardiac muscle, and in both forms of mitral disease, where weakness and irregularity of the pulse are present. It may be given with advantage in dilatation with hypertrophy, but not in the latter form of heart affection alone. If nausea, headache, or unsteadiness of pulse should come on during the employment of digitalis, the drug should be intermitted for awhile.

In certain rickety children with thoracic deformity, with twisting of the aorta, hypertrophy of the left ventricle is early developed (Rokitansky), and in some cases even valvular disease (Hilton Fagge). In these cases cardiac failure is early developed.

Heart cough is common in adults in the failing stages of heart disease, and is usually found in children with heart disease at any stage. It is the result of congestion of the pulmonic circulation; it is aggravated by sedatives, like paregoric, and even by bromide of potassium; it is effectually relieved by cardiac tonics, like digitalis combined with iron.

Treatment of Endocarditis in Children.

In an article on this disease, in the *London Medical Press and Circular*, January 12, Dr. W. H. Day, Physician to the Samaritan Hospital for Children, writes:—

The treatment should in some measure depend upon the disease with which the cardiac affection is complicated, and seeing that it may arise in the course of acute rheumatism, or scarlet fever, it will be important to modify the treatment accordingly. The treatment is really the same as that of pericarditis, with which it is often associated, but there is this difference: endocarditis speedily tends to exhaustion, and is not so amenable to active measures. The patient should remain in bed for a length of time after the acute stage has passed over, so that excitement may be diminished, and the effects of strain should be kept off the injured valves by lowering the blood pressure, as far as possible. This is recommended by Dr. Milner Fothergill, in a lecture, in the *Medical Times and Gazette*, September, 1878. "This fact, then, is ascertained and confirmed by experience, viz., that the damage done to the endocardium by rheumatic inflammation may abide for four or five years without producing any conscious detriment to the health or well-being of the patient, or (as far as we have the means of judging) any further injury to the structure of the heart. And it is a most important and consolatory fact. But in other instances other results immediately follow. When after its departure acute rheumatism leaves the endocardial murmur behind it, which, though known only to the physician, is the sure sign of injury done to the endocardium, it leaves it at-

tended from the beginning with other symptoms, which the patient is sufficiently conscious of, and these are directly referable to the heart. They consist of palpitation, pains, and dyspnoea, which are not constantly present, but only under bodily exertion and mental excitement. The child who has had the præcordial murmur ever since it suffered a certain rheumatic attack, is just the same child as it was before, except that it cannot join in any pastime requiring rapid movement; for then its heart palpitates, it loses its breath, and is obliged to sit down. Men, too, are just the same men as they were before, only perhaps they cannot run up stairs without panting and hurry, and they constantly find themselves obliged to restrain their bodily efforts within certain limits, and to beware of mental excitement, for fear of palpitation and dyspnoea.

Preparation and Uses of Benzoate of Calcium.

Mr. Jas. T. Shinn gives directions for the preparation of this salt in the *American Journal of Pharmacy*, April, 1881:—

The proportions of benzoic acid and calcium in the benzoate are 113 to 20, or of the crystallized acid and carbonate of calcium, 122 to 50. Hence the following formula for its manufacture:—

R. Benzoic acid, $\bar{\text{z}}$ iv gr. xxxij (1952 grs.)
Calcium carb., $\bar{\text{z}}$ j $\bar{\text{v}}$ $\bar{\text{v}}$ j (800 grs.)
Boiling water, Oiv or q. s.

Mix the acid and precipitated chalk thoroughly, in a large mortar, and add water gradually to allow most of the carbonic acid gas to escape and prevent frothing over of the liquid. When the combination has taken place, or nearly so, the mass is transferred to a porcelain dish and dissolved in the remainder of the boiling water, with the exception of a slight excess of carbonate of calcium. Filter, while hot, into a shallow dish, when crystals will form on cooling. The mother liquors may be evaporated twice more and yield more crystals, the whole product being about $\bar{\text{z}}$ iv, $\bar{\text{z}}$ v.

The salt is in feathery crystals, of a silky lustre, odorless, with but slight, rather alkaline, taste, and is soluble in about 24 parts of water. It may be dispensed either in capsules or solution. A very good form of the latter being:—

R. Calcii benzoat., gr. cxxviiij
Aque destillat., fl. $\bar{\text{z}}$ vj
Syr, aurantii, fl. $\bar{\text{z}}$ ij. M.
Ft. mist.

This makes a solution, by the aid of heat, containing eight grains to half a fluidounce, which is the usual dose.

At a meeting of the Philadelphia County Medical Society, Drs. A. H. Smith and O'Hara spoke of the great benefit this preparation had been in cases of albuminuria during pregnancy, and, as the salt may be called for and is not on the price lists of the chemists, the above formula for its preparation may be useful. The first crop of crystals can be taken out and dried on bibulous paper within an hour of the receipt of the prescription by the apothecary.

THE
Medical and Surgical Reporter,
 A WEEKLY JOURNAL,
 Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	\$5.00
Half-Yearly Compendium of Med. Sciences,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
 115 South Seventh Street,
 PHILADELPHIA, PA.

SPECIAL BONUS TO SUBSCRIBERS.

Desiring to offer special advantages to the patrons of this Journal, we offer to mail to all paid-up subscribers any of our publications at *twenty per cent. discount, postage prepaid*. We append a list of the most recent, with regular price and price to subscribers.

HALL.—DIFFERENTIAL DIAGNOSIS. Edited by Dr. Frank Woodbury. Second edition. \$2.00. To Subscribers \$1.60.

SEILER.—MICROSCOPICAL TECHNOLOGY. \$1.00. To Subscribers 80 cents.

GUBLER.—PRINCIPLES OF THERAPEUTICS. Translated by Dr. Halloran. \$4.00. To Subscribers \$3.20.

GOODELL.—LESSONS IN GYNECOLOGY. Second edition. \$2.00. To Subscribers \$3.20.

MORTIMER-GRANVILLE.—COMMON MIND TROUBLES. \$1.00. To Subscribers 80 cents.

NAPHEYS.—MEDICAL THERAPEUTICS. Seventh edition. \$4.00. To Subscribers \$3.20.

NAPHEYS.—SURGICAL THERAPEUTICS. Seventh edition. \$4.00. To Subscribers \$3.20.

ATKINSON.—GYNECOLOGICAL AND OBSTETRICAL THERAPEUTICS. \$3.00. To Subscribers \$2.40.

ATKINSON.—HINTS IN THE OBSTETRIC PROCEDURE. Second edition. \$1.00. To Subscribers 80 cents.
 Full catalogue on application.

THE IMPROVEMENT OF TEMPERANCE DRINKS.

Scarcely any subject of general sanitary science more deserves the attention of those interested in elevating the race than the temperance movement. The ravages of alcohol are annually becoming more apparent, as its use extends. The cheapness of distilled liquors of the baser sorts leads to their introduction into wine growing countries; even the peasantry of Italy and the South of France are becoming spirit drinkers. As for England, the abundance of spirits, beers and ales consumed there, surpasses belief.

This was illustrated at St. George's Hospital, London, recently. A committee was appointed to inquire into the drinking habits of the patients at that and other London hospitals. Their report is quite a revelation of the previous drinking habits of the patients. In the twelve hospitals only one total abstainer was discovered. The daily practice of many of the others is almost incredible to quiet people, who take their one or two glasses daily, and are sometimes made to feel themselves miserable sinners for doing that. The following are some of the instances recorded by the committee, showing what had been the daily consumption, previous to admission, of certain patients: Three or four pints of beer, and two glasses of whisky (age 53); four or five pints of beer, with frequent excesses (age 59); ten pints of beer, and ten glasses of whisky (age 23); hard drinker, chiefly of rum (age 30); indulged in great excesses, often drink two bottles of brandy a day (age 43); eight pints of beer daily (age 42); four pints of beer, with excesses (age 38); eight pints of beer daily (age 42); five pints of beer, with excesses (age 38); three glasses of whisky (age 34); from three to four pints of beer, and from one to twelve glasses of rum (age 54); seven pints of beer, and seven glasses of spirits (age 41); drunk three times a week (age 36); a confirmed drunkard (age 33); immense quantities of whisky (age 45); twelve to fourteen pints of beer, and a variable amount of rum (age 31); ten pints of beer, and a pint and a half of rum (age 45); the largest consumer of beer "never exceeded" twenty-six pints a

day (age 35); the largest consumer of spirits took twenty to thirty glasses of gin daily (age 30).

What health can be expected of a population who indulge in this manner?

The remedies which have been suggested are: 1, absolute prohibition of alcoholics; 2, the fostering of temperance by increasing the cheapness of light beers and wines; 3, the substitution of other beverages not containing alcohol.

The first method has proved a failure wherever tried on any extended scale; the second is deceptive; the third is probably that which promises the most. The establishment of coffee taverns, holly tree inns and shops where "temperance drinks" are sold, has unquestionably done vast good, and is capable of wide dissemination.

A great deal of the drinking habit comes from a desire to quench the thirst, or to have a slight stimulant. Nothing of this kind is so cheap, so effective, and so easily obtained in most localities as an alcoholic beverage. Yet a cup of tea or coffee, or a glass of aerated water containing a pleasant carminative, would be equally grateful, and, if well made, in many cases just as popular, or more so.

Hence the manufacture of temperance drinks should be encouraged as much as possible. Unfortunately they are generally so vilely prepared or so deliberately fraudulent that they offer little encouragement to the consumer to repeat his experiment with them. An instance was recorded last summer, by one of the English government analysts. He examined nine samples of so-called unfermented wines. Of these nine, three, bearing labels stating that the bottle contained "pure grape juice," "virgin fruit of the vine," etc., consisted of sugar, tartaric acid, salicylic acid, and coloring matter, with a considerable quantity of copper, the result, doubtless, of ignorant or careless manufacture. Grape juice was entirely absent. Another sample, labeled "Pure and genuine unfermented fruit of the vine," was evidently a composite article artificially made, and so carelessly prepared as to contain alcohol. One sample of unfermented wine imported from abroad contained some grape juice; but the presence of alcohol and an abundance of yeast cells showed

that fermentation had not been arrested. One example was labeled "The selected wine of the Temperance Fraternity." This was an ordinary low class fermented wine, containing a large amount of alcohol. Of the nine samples of the so-called unfermented wines, only one was genuine and was what it professed to be, "Pure grape juice, entirely free from alcohol."

In France, enormous quantities of aerated water, under the name of *Eau de Seltz*, is used. Last summer, the Paris papers made the discovery that it was prepared from common, dirty Seine water, and various cases of typhoid fever were supposed to have been traced to its consumption. It was also said to have led in it, and an analysis supporting this statement was presented to the Academy of Sciences. It appears that the Paris hospitals alone consumed 150,000 bottles of this water annually, and this is considered evidence in favor of its salubrity.

The "ginger ale" imported from Dublin to this country is deservedly popular, but our own manufacturers are satisfied by a most wretched imitation, in which ginger is replaced by red pepper! In an English work, recently published, for the benefit of druggists and aerated water manufacturers, full directions for falsifying and adulterating are given. In order to produce a fine foam and a highly aerated appearance, infusion of senega is recommended; lemonade syrup is made from the real or imitated oil of lemon in syrup; and flavoring materials are very often taken from a widely different source than their names denote.

The American soda water fountain is an excellent institution when well conducted; but the flavoring syrups used are often fraudulent, and not rarely of doubtful healthfulness. We have heard of various persons who were made sick by free indulgence in them.

While, therefore, we look upon the introduction of cheap, palatable and healthy temperance drinks as one of the most active agents in persuading people to cease beer and spirit tippling, we must deplore the commercial greed which depreciates their character and practically bars their general use. Here is a field in which

workers in the cause of temperance can display their energies to good effect.

NOTES AND COMMENTS.

Salt Water in the Treatment of Sores and Purulent Collections.

The *Paris Médicale* publishes an interesting paper on this question, which concludes as follows:—

Salt water injected in purulent collections, or used in the dressing of sores, exerts a complicated action, because of its density, its antiseptic properties, and its general effect upon nutrition. Its antiseptic properties have been fully set forth by our experiments on the globules found in blood and pus. Salt is a preserver of meats, and arrests the progress of decomposition in organic substances. According to Cyr, "chloride of sodium acting as a solvent for caseine and albumen, contributes with this last in preventing the deformation and dissolution of blood globules."

A remarkable property of salt water is, that it destroys, hence removes, the fetor exhaled by gangrenous sores. We have often noticed this disinfecting effect, especially in a case of diffused anthrax on the neck, during elimination of the eschars.

Its general effects upon nutrition have been ably described by Boussingault, Barbier, and Bérard. When a certain quantity of salt is mixed with the food of animals, they increase one-sixth in weight.

Man's sufferings are very great when deprived of salt. A Russian lord having, through avarice, deprived his vassals of this condiment, they all experienced gastric troubles; and during the siege of Metz, nothing so affected the besieged as when their salt rations were discontinued.

The saline substance is rapidly absorbed in the interior of purulent collections and on the surface of sores.

Patients under this mode of treatment react with great energy from very abundant suppurations, and they show signs of a rapid gain in flesh, and of perfect nutrition.

"Under the influence of salt water, the face, from being cadaverous, gradually assumes color, the tongue cleanses, appetite returns, thirst is reduced, and diarrhœa is checked. All the organs resume their normal functions."

Salt water, as a dressing for sores, has always been successful with us, either when applied to hasten cicatrization, or used for atonic sores on bones, or during the elimination of eschars. It has also been of service in affections of the

bones having required scooping out or resections. When injected, it prevents the decomposition of pus within the structure of bones; and pledgets of lint saturated with it have soon started granulations, and hastened the formation of cicatricial tissues.

Treatment of Pyrosis.

M. Ory gives the following prescriptions in *la France Médicale*: of course the diet must be attended to; a milk or vegetable diet with alkaline drinks being beneficial. Jeannel recommends the following mixture:—

R. Rhei pulv.,	3 ijss
Sodæ bicarb.,	3 ss
Syr. simp.,	f. 3 v
Aq. menth. piperit.,	f. 3 viij. M.

Sig.—Tablespoonful twice or four times daily.

The compound chalk powder containing cannella and pepper is recommended by Bouchut in cases of pyrosis, accompanied by chronic diarrhœa.

The following powder has been prescribed with success:—

R. Magnesie calcin. pulv.,	3 j
Sacch. alb. pulv.,	3 j
Bismuth. subnitr.,	3 j
Sodæ bicarb.,	3 iss. M.

Sig.—Ft. chart. No. xl. One just before meals.

Franch recommends—

R. Magnesie carb.,	gr. xxx
Rhei pulv.,	gr. viiss
Canell. pulv.,	gr. ivss. M.

Sig.—For two powders.

Bouchardat considers the following powder useful in pyrosis:—

R. Rhei pulv.,	3 ij-gr. xv
Magnesie calcin.,	3 ij-gr. xv
Opil pulv.,	gr. iss. M.

Sig.—Div. in chart. No. xv. One before meals.

Tonic Potions in Convalescence.

M. Audhoué recommends (*Thérapeutique Contemporaine*), the two following potions, agreeable to take, during convalescence from grave maladies, fevers, etc.:—

R. Cinchon. flav. pulv.,	3 j-gr. xv (5 grams)
Aque font.,	f. 3 x (300 grams)
Pure milk,	f. 3 ij-3 ij (70 grams)
Sacch. alb.,	

Sig.—Boil the bark with the water, down to 100 grams (f. 3 ij-3 ij), then let stand for twelve hours, strain, and add the milk and sugar.

This should be heated in the water bath and taken early in the morning; it has very little bitterness.

The second potion is similar, and prepared in the same manner, except that 20 grams (3 v) of chocolate is dissolved in the milk before it is

added to the rest of the potion. These potions would prove much more agreeable to the convalescent than the bitter tonic mixtures in vogue.

Sulphate of Copper in Neuralgia.

It is stated in the "*Concours Medical*" that M. Féréol has met with additional success in his medication by the aid of sulphate of copper. He has somewhat modified his formula; no longer uses the liquid form, but gives the salt in the shape of a powder associated with subnitrate of bismuth, thus:—

Ammoniacal sulphate of copper,

2 centigrams (= grs. 0.80)

Subnitrate of bismuth, 25 centigrams (= grs. 3.75)

For one powder; make 10 similar powders.

Five of these powders are to be taken daily; two dissolved in a little water during each of the principal meals, and the fifth between meals, along with a cup of milk.

The advantage of this method is that the patient experiences less disgust, and is spared from a saburral condition of the mouth and a persistent, disagreeable copper taste.

Medical Treatment of Hemorrhoids.

Dr. T. V. Sabal gives the following formula: Reduce four grams (3j) of iodoform to a fine powder, in a mortar, and add to it:—

R. Powdered opium, 75 centigrs., (gr. 11.25)

Vaseline, 30 " (gr. 4.50).

Sig.—Use as a local application morning and evening, after each alvine evacuation, care being taken first to wash with warm or cold water.

By adding four grams of tannin to this preparation the smell of iodoform will be reduced. The bowels are to be kept open with the following prescription:—

R. Sulphate magnesie,
Carbonate magnesie,
Sulphur precipitate,
Sugar of milk, aa 15 grams (gr. 225)
Powdered anis, 8 grams (f. 3ij). M.

Sig.—One or two teaspoonfuls of this powder in the evening, at bedtime.

A Tœniacuge.

A correspondent sends us the following formula:—

R. Ungt. hyd., 3 ss
Ol. filix mass., f. 3j
Pulv. acacia, q. s.
Svrrp. simp., f. 3j. M.

Sig.—Take at one dose in the morning, and follow in two hours with:—

R. Ol. ricin., f. 3j
Ol. terebinthinæ, f. 3j. M.

The above, he adds, has never failed, in my hands, to bring away the worm. In almost all instances the head the first time, as well as the body of the worm.

CORRESPONDENCE.

What Constitutes a Poisonous Dose of Morphine?

ED. MED. AND SURG. REPORTER:—

At eight A.M. on November 22d, 1880, I was hurriedly summoned to see Constable J. H. Rice, of this town. Upon arriving I found him in a state of death like stupor. Occasionally a short, jerked respiration, pulse not perceptible, with countenance suffused and livid. His wife said he had come home the previous evening and gone to bed at nine o'clock. At ten she was awakened by his heavy snoring, and after vain efforts to awaken him she became alarmed and sent for a physician. The doctor prescribed some simple remedy, telling them if he became able to swallow to give him some. Another one was then called, but nothing more was done.

Upon hearing her statement and sending a messenger for information, to the drug store, our suspicions were confirmed, and we ascertained that he had bought, and as he afterwards confessed, taken, fourteen grains of morphia sulphas. I immediately injected seven drops of fluid extract belladonna into his arm, and a strong decoction of coffee into the rectum, sent for solution of atropia (gr. j to 3j.), and commenced artificial respiration.

About this time the two physicians who had been in during the night returned, and upon learning the cause of the trouble expressed their entire hopelessness of the case, in which I concurred. In fact, the man was apparently so near death that the other doctors, together with his wife, implored me desist from any further efforts at resuscitation, and let him die undisturbed. This, I was about to do, when his mother, in her frenzy, ordered me to continue my exertion.

I then injected thirty drops of the solution of atropia every fifteen minutes until the pupils dilated (120 drops). Then two grains of citrate caffeine, hypodermically, every hour; continued artificial respiration, strong coffee by rectum, to which was added, later in the day, milk and stimulants. Ice-water douches were applied to face and chest, together with warmth and rubbing to extremities, etc. In three hours after commencing this treatment his pulse was faintly discernible at about two hundred a minute, and respiration somewhat improved. From this on he made steady improvement, and more rapidly after electricity had been applied, until, at 5 P.M., nine hours after respiration was commenced, and twenty hours after the narcotic was taken, he could be so far aroused as to open his eyes and murmur incoherently, upon being raised up in bed and violently shaken. At twelve, midnight (twenty-seven hours after having taken the poison) he spoke plainly but incoherently, but the next morning was, in a measure, sensible. After a week of convalescence, the first half of which he slept almost all the time, he was able to be

around, and in a month had recovered his usual health.

There is no doubt about the quantity taken, as the druggist weighed it exactly, and the patient afterward confessed to taking it all, with suicidal intent. Also no vomiting or movement of the bowels took place until thirty-six hours after taking the poisonous dose, and he had never taken more than an ordinary dose before.

He is now in excellent health.

J. A. KIMMEL, M.D.

Findlay, Ohio, May 8th, 1881.

Cupric Test Pellets.

ED. MED. AND SURG. REPORTER:—

My attention has been recently called to an article in your journal on "Cupric Test Pellets," by Dr. Jos. S. Neff. In this article the doctor attributes the invention of these pellets to Dr. Pavy, who described them in the *British Medical Journal*, February 7, 1880, but who fails to give a formula for their preparation. Dr. Neff goes on to state that, appreciating "the great practical use of these pellets," he has had some prepared, but he also neglects to give the formula by which they may be made. Under these circumstances permit me to state that the idea of cupric test pellets arose, I think, with myself, and that I published in the *New York Medical Record*, March 23, 1878, page 228, the following:—

R. Sulphate of copper (ch. pure),	1 part
Cryst. tart. of soda and potassa,	5 parts
Sodic hydrate (ch. pure),	2 parts

Mix thoroughly in a mortar; the more labor spent on this the better the product. The result will be a pasty mass, which can be transferred to a wide-mouthed bottle and kept till wanted. To use it, take of the mass a piece about the size of a common cathartic pill, put it in a test tube, and add about two fluid drachms of water; boil till the mass is dissolved, and the solution has a uniform, pale and rather dirty blue color; then add two or three drops of the suspected urine and boil again for a moment. If sugar be present the usual reaction will be manifest."

H. G. PIFFARD, M.D.

Obscure Rubella.

ED. MED. AND SURG. REPORTER:—

I was considerably interested in Dr. E. R. Stone's communication in the *REPORTER* of April 30th, and am induced by it to report a case.

On Friday, March 18th, a young merchant of this village came into my office to consult me about his mouth. On examination, I found the gums, throat and whole inside of the mouth red and inflamed; exactly resembling a bad case of mercurial poisoning. But a peculiarity was that the salivary glands were but little if at all affected. A few days before he had had a number of teeth plugged with an amalgam of mercury and tin, and I concluded that the source of the trouble was from the teeth, gave him potas. chlorate with hydrastis and sent him away.

In the evening he sent for me, when I found, in addition, an eruption all over the face, extend-

ing to the body, most prominent along the edges of the hair, exactly as described by Dr. Stone in the case of the married lady.

The eruption was "confluent, which, with the injection of the eyes, gave a decided bloated appearance. And the small round groups of papules at first glance looked uncomfortably like smallpox." I told him it looked suspicious; but it was the only symptom; there was little headache or backache, and but slight constitutional disturbance. What was it? At the time I was having a good deal of scarlet fever, and a few cases of measles. Thinking it would prove one or the other, I reserved my opinion. Saturday morning found the eruption had extended all over the body, clear to the extremities. There was no coryza, and the rash was not crescentic nor dark enough for measles. No, it was not measles.

It was not scarlet fever. The rash was not fine enough, and had not that scarlet look usual in that disease, and besides there was no sore throat nor disturbance of the stomach, and he was not much sick.

I was completely puzzled, and told him bluntly I had never seen a case like it, and did not know what to call it. Sunday he came to see me. The eruption had nearly disappeared, and he was feeling quite well. Monday he was attending to his regular business.

Shall we call it retheln? I send you this for my quota of the blunders in practice. Let us hear from others.

J. HUBBARD, M.D.

Wauconda, Ills.

Venesection Again.

ED. MED. AND SURG. REPORTER:—

Owing to an absence of a week, attending the meeting of the American Medical Association at Richmond, and constant professional engagements after my return, I did not take up my number of the *REPORTER* of April 30th till to-day, when my eye caught the article of Dr. J. E. Stinson, of Montague, Texas, and I hasten to reply. I do not wish the Doctor to understand that I would favor the practice of blood-letting in all cases, nor in all the stages of pneumonia. I think that Dr. Corson's articles were plain enough, and I simply wrote believing that, in the class of cases which I had to deal with in this section of Connecticut they were treated more successfully by blood-letting in the first stage. Since reading that article, I have had thirteen cases, twelve of which were treated by blood-letting and recovered; one without, and it died. Of course, it takes more than one swallow to make a summer, but this is a better result than I ever got before, under any other treatment, and I have tried them all, in a large and active practice of eleven years. The Doctor says: "Are the finger posts our fathers erected for our guidance lost?" Let us see how this is. I read a paper before the Section of the Practice of Medicine, at the meeting of the American Medical Association, just ended at Richmond, on the same subject, which created a very animated discussion. Prof. S. D. Gross, of Philadelphia, Alfred C. Post, of New York city, Nathan S. Davis, of Chicago, Dr. Ballou, of Rhode

Island, all teachers, old men, men of large experience and reputation, gave it as their testimony that since the decline of blood-letting they had observed an increase of mortality in pneumonia; that their best successes were during the period of blood-letting; and strongly advocated its use in proper cases. Other gentlemen gave the same testimony publicly then, and any number of others, including Prof. L. A. Sayre, of New York city, came to me afterwards expressing the same opinion and thanking me for my paper, and the stand I had taken. Are these no landmarks? Is not the testimony sufficiently distinct for the Doctor, even with his bias, to read while he runs? Experience must be our guide, and my experience has certainly been very gratifying to myself and patients. WM. C. WILE, M.D.

Sandy Hook, Conn., May 25, 1881.

Poisoning by Carbolic Acid.

ED. MED. AND SURG. REPORTER:—

Many practitioners do not realize that carbolic acid is poisonous in a serious degree. I do, now. It came about in this way: A patient suffered from pin worms in the rectum. He was ordered a pretty strong solution of carbolic acid as an enema, with instructions to force it out immediately after its administration. That ends the first chapter.

I was not the medical attendant, but was sent for in a hurry, and found a man suffering from either obscure narcotic poisoning, or some brain trouble. I could not make anything of the case until I found out the following history: shortly before I was sent for he was found in a stupid state, in the water-closet, with an 3 viij bottle containing some fluid smelling strongly of carbolic acid. His wife thought that he had used it as an injection. I forthwith washed out the rectum and colon as thoroughly as possible, with water, and found the evacuations to smell strongly of the acid. In half an hour consciousness returned and I found the facts substantially as stated.

He had used the enema as directed, but passed only a part of it. The balance remained and nearly caused fatal poisoning. I do not propose to burden this confession with the symptoms of carbolic acid poisoning.

The description given in *Ziemssen* might be applied to the case in nearly every particular. I did not find whether or not the worms suffered as severely as the patient.

The victim could not realize properly why he should pay me five dollars when he felt that he was the aggrieved party. I received the fee, under a mild protest, as I did not care to argue the *pros* and *cons* of the matter.

I have reported the case, for the reason that it may have passed from the mind of the regular attendant.

K.

Treatment of Tenia.

ED. MED. AND SURG. REPORTER:—

Having had an opportunity of treating two or three cases of "*tenia solium*," I will offer the following simple treatment, for the expulsion of the troublesome vermin, although the small

number of cases scarcely justifies its being reported:—

Some members of the profession may give it a trial, and if they have the same good effects from the remedy that I have had, I only hope that they will make the fact known through your valuable columns.

R. Fl. ext. filicis mas. (pure), 3 ij
Ol. terebinthinæ, 3 j
Ol. ricini, 3 ss
Mucilag. acaciæ, q.s. ut ft. emulsiõ, 3 iv. M.

SIG.—Take one tablespoonful three times a day, for three days (on an empty stomach); begin again in a week or ten days, according to effect.

Tonics—wine and iron—should follow above treatment. Should diarrhœa follow severely, give opiates in suitable doses.

Natchitoches, La.

W. B. POWELL, M.D.

NEWS AND MISCELLANY.

Wisconsin Law Referring to Contagious Diseases.

An important law relating to the transportation of dead bodies and the exposure to contagious diseases has been enacted in Wisconsin. We make room for its two most important clauses. The complete Act can be obtained through the Wisconsin State Board of Health:—

SECTION 1. Any person who shall bring, knowingly aid in bringing, or cause to be brought, by railroad, steamboat, sailing vessel, stage coach, or other public or private conveyance, into any town, village or city of the State of Wisconsin, the dead body of a deceased person, unless such dead body is accompanied by the written or printed certificate of a physician or coroner, clearly stating the cause of death, and unless, when the cause of death is smallpox, diphtheria, scarlet fever or other dangerous, contagious, infectious or pestilential disease, such dead body is also accompanied by the written or printed permit of a lawfully constituted public health authority, and by the sworn declaration of an undertaker, in writing, that the body of the person deceased as aforesaid is hermetically inclosed in an air tight metallic coffin, or is encased with an abundance of powerful disinfectants according to the written or printed directions of said public health authority, so as to render the same entirely innocuous, shall be deemed guilty of a misdemeanor, and on conviction thereof, shall be punished by a fine of not less than fifty dollars, nor more than three hundred dollars, or by imprisonment in the county jail not less than twenty days, nor more than three hundred days.

SECTION 4. Any person knowingly laboring under smallpox, diphtheria, scarlet fever, or other dangerous, contagious, infectious or pestilential disease, who shall willfully enter a public place or a public conveyance, or shall in any way willfully subject others to danger of contracting his disease, or any person who shall knowingly and willfully take, aid in taking, or cause to be taken, a child or other irresponsible person while laboring under any of the aforesaid diseases into a public place or public conveyance, or shall in any way knowingly and willfully sub-

ject others to danger of contracting any of the aforesaid diseases from such child or irresponsible person, or any person who shall knowingly and willfully subject others to danger of contracting any of the aforesaid diseases from the dead body of a person deceased thereof, or any person who shall in any way, knowingly and willfully expose, aid in exposing, or cause to be exposed a child or other irresponsible person to danger of contracting any of the aforesaid diseases, shall be deemed guilty of a misdemeanor, and shall be subject to the same penalties as are provided in section one of this Act.

Professional Profits.

The money prizes are few in our profession, go where you will. An English contemporary states that in Glasgow the examinership of an insurance company, paying about \$75.00 per year, was eagerly sought by not less than thirty medical men, some holding high positions! Prof. Cameron, in his valedictory address to the graduating class at Bishop's College, Montreal, says: "Let me urge upon you not to begin practice with too great mercenary inclinations; if money-making is your aim in life, I fear you sadly missed your vocation; you should, really, gentlemen, have chosen some other calling. Undoubtedly the laborer is worthy of his hire, and people, as a rule, do appreciate kindness, attention and skill, and gratefully remunerate them as they deserve; while you need, therefore, feel no hesitation in expecting or receiving a fair equivalent for your time and labor, be not discouraged or disheartened if you do occasionally meet with inconsiderateness and ingratitude; but you should endeavor to sink, as far as possible, the money aspect of the question, and go forth into practice seeking rather how you may best be of use in the world, how you may best combat disease and alleviate pain and suffering."

This is good advice, but after all, doctors must live and support their families, as much as other people, and more practical words would have been more to the purpose.

The Sanitary Division of the Seasons.

The arbitrary division of the year into four seasons is not satisfactory for the purposes of sanitary statistics. In the recent lectures of Dr. William A. Guy, of Cambridge, England, he has proposed, at least for the climate of England, a division into three periods of four months each; the four hottest months being June, July, August, and September; the four coldest, December, January, February and March; and the four temperate, April, May, October and November. This division has one or two obvious advantages. In the first place, it creates, for comparison, two extremes and an average. In the second place it necessitates only one act of rectification, and that only needed when we are not dealing with a leap year. The temperate and the hot months consist each of 122 days, and so do the cold months in leap year. In other years, the three periods are made of equal length, by adding to the four cold months the fraction $\frac{1}{4}$.

The average temperatures of these three divisions are as follows: Four coldest months, 40.0; four temperate months, 49.4; four hottest months, 62.3; the difference between the four coldest and four temperate months being 9.4, and between the four temperate and four hottest months, 12.9, making the difference between the four coldest and four hottest months, 22.8.

By this arrangement, too, the average temperature of the four cold months (40.0°) is widely separated from that of the four hot months (62.3°).

French statistics, however, give us reason to believe that the order of the seasons, as it prevails in the more temperate climates, does not obtain in warmer countries; and it is likely that the Roman physician, Celsus, had reference to the warmer parts of Italy, when he made the well-known statement, that the healthiest season was the spring, then winter, then summer, and lastly the autumn. The figures for Marseilles and Montpelliér agree in placing the Roman spring at the top of the scale, as the healthiest season, and the Roman autumn at the bottom, as the most fatal to life.

In the United States, the highest mortality in cities is in the hot months.

Plans for Insane Asylums.

Dr. Bucke, of the London, Ontario, Asylum, says, in his last report, that the plan of having separate buildings, something on the cottage plan, for violent cases, those of filthy habits, etc., has, notwithstanding the adverse opinion of experts, proved a success so far as carried out in that asylum.

Dr. Bucke says that he is firmly persuaded that a still further division of an asylum into buildings under separate roofs, than is here practiced, might be adopted with great advantage, and that many of the problems in asylum construction may be solved by the abolition of the large single building, and the use of a number of smaller buildings in its place. Some of the advantages of the latter system would be more perfect isolation of one class of patients from all other classes, and the greater facility of systematic classification of patients; greater facility for lighting the buildings; better ventilation without fans and steam power than can be had with these in a very large building, and consequently better health of the patients, a lower death rate, and less cost of construction. To construct an asylum for a thousand patients, he would have it composed of not less than ten or twelve separate buildings, the largest to contain not more than two hundred patients, and the smallest between fifty and a hundred.

Resection of the Stomach.

Prof. Billroth's remarkable employment of "heroic" surgery, on January 29th, when he excised a considerable portion of the stomach, including pylorus, in a woman suffering from cancer of that organ, was so successful that he has twice since repeated the operation. These latter cases, however, were unsatisfactory, one living but eight days after; the other only twelve hours.

The original operation was performed with the first intention of exploration simply. Two days after the operation, the patient took food by the mouth, and on the eighth day the sutures were removed from the abdominal wall. The favorable progress was not interrupted in this case, convalescence having set in, and solid food having been resorted to, without any disastrous consequences. The patient, two months after, continued well; and the success of the operation in her case apparently indicates its feasibility in that class of diseases of which hers was an example. Certainly, for novelty and boldness, it would be hard to parallel the case.

Mortality in Tenement Houses.

Speaking of the alleged increase of mortality in the New York tenement houses, Dr. C. E. Nelson says, in a letter to the *Canada Med. Record*:—

I think this is due to the fact, principally, that there are more poor people than rich; also, that there are more people occupying a room (merely as regards simple numbers) in tenements than in rich houses. Send away the bulk of the tenement house population, leaving merely as many people in a tenement house as there would be, on an average, in a rich house, it is a question whether any more would die in the former than in the latter; of course, there is a little difference as regards buying delicacies, getting good food, wines, etc. The laboring men who live in tenements go to their work every morning, perfectly healthy, although of course they are in the fresh air most of the day; the mothers pass through their confinements about as well as the rich ladies do.

Poisoning from Milk.

An illustration of the poisonous action of impure milk was lately seen at Aberdeen, Scotland. All the patients consumed the milk of one farm, the cows of which had been fed on diseased turnips. The disease was ushered in by a severe rigor, which was followed by headache, backache, high temperature, and sore throat; the tonsils being deeply injected, and the lymphatics in the neck swollen and exceedingly painful. In no case was there any false membrane on the mucous covering of the throat. In most of the cases the symptoms gradually abated, and convalescence was established on the fourth day, but in some relapses took place, and the symptoms reappeared. The disease was chiefly met with in one end of the town, and in some households seven, nine, and twelve members were affected at the same time.

Diminution in the Size of Heads.

A curious fact has been brought out in England (*British Med. Journal*, April 16th). It appears that there has been in the last thirty years a progressive diminution of the size of the heads of the people, a change noted by the hat manufacturers in all parts. They have reduced the average hats for the market at least two sizes during that time. The precise significance of this singular fact has yet to be ascertained.

The Very Earliest Instance of Anæsthesia.

The *Vienna Montags Blätter* states that in M. Edward Albert's work on the *Surgical Diseases of the Head and Neck*, of which the second edition of the first volume has just appeared, there is a passage treating upon narcotics, and containing the following anecdote: When Sir James Simpson proposed the use of chloroform in confinement cases, the religious zealots in England got up an agitation against it, on the ground of the scriptural curse, "In sorrow thou shalt bring forth children." Sir James quickly answered this party, which even comprised some doctors, with the biblical fact that God narcotized Adam (*immisit soporem*—"caused a deep sleep to fall upon him") when he created Eve out of his rib.

The Origin of Syphilis.

An English physician, practicing in Brazil, writes to the *London Medical Times and Gazette*, on this subject:—

"I am much inclined to believe that the disease known in Brazil as *Boubas* (the African yaws) is the parent of modern syphilis, and the identical disease which appeared suddenly in Europe in the sixteenth century. This disease is transmissible in a most acute degree, and sexual intercourse is by no means the usual mode of contagion. It is practically incurable, because, though the internal signs are removed, the constitution continues damaged through life. The external symptoms are not reproducible a second time, so that only those who have been once attacked can act as nurses to boubatic patients."

Curious Statistics of Color Blindness.

The latest reports to the English Ophthalmological Society, based on over 18,000 examinations, show that while the average percentage of color defects in men is 4.76, it falls in women to the low figure of 0.4. This is, no doubt, owing to the much greater training women receive in the differentiation of colors. A fact pointed out many years ago is, that color blindness is more frequent among members of the Society of Friends than other religious sects. The cause of this lies close at hand, in their avoidance of bright colors and prejudices against art in many of its brilliant forms.

Increase in Hereditary Syphilis.

From 1847 to 1853, syphilis destroyed, in England and Wales, an annual average of 565 infants under one year old in each million of births; in 1878, the deaths under this head had risen to 1851 per million. Part of this increase was probably owing to increased accuracy in diagnosis.

True Test of Vaccination.

An English physician, Dr. Robert Cory, in a letter to the *London Times*, has pointed out that the efficacy of vaccination does not rest upon statistical data alone—data of which it is not at all times easy to understand the whole meaning,

or to avoid fallacies in dealing with them—but on the result of actual experiment. The efficacy of vaccination was, in the first instance, proved by very numerous but unsuccessful attempts to inoculate the vaccinated with smallpox, so numerous as to justify the Legislature to forbid the practice of inoculation by smallpox in any case, and to first facilitate and then enforce the practice of vaccination.

The Coca Leaf.

An excellent authority, Mr. Clement Markham, has recently written a book on "Peruvian Barks," in which he also mentions the coca plant. He observed that the yield of coca in South America is estimated at thirty millions of pounds. Coca soon deteriorates in keeping, and Indians treat it as valueless if kept longer than seven months, which may explain its slight effect with us.

Such is the faith in coca, that it is believed if a dying man can but taste a coca leaf when placed on his tongue, his future bliss is assured. No Indian is without his *cuspa* or coca bag, made of llama cloth, and three times a day, sitting down, he takes leaf by leaf and rolls them up in his mouth till he forms a ball. Then applying a small quantity of powder, consisting of carbonate of potash, made by burning the stalks of the quinoa plant, mixed with lime and water, he goes on his way rejoicing.

Mr. Markham chewed coca leaf very frequently, and states that he found it to produce an agreeable, soothing feeling; that he could endure longer abstinence from food with less inconvenience, and that when using it, he could ascend precipitous mountain sides with a feeling of lightness and elasticity, and without losing breath. He also considers it the least injurious of all other like substances, even when taken in excess, and at the same time the most soothing and invigorating.

The Propagation of Syphilis by Razors.

M. Desprès has lately published two cases in which syphilis appeared to have been communicated through the medium of the razor during the process of shaving (*Journal des Connaissances Médicales*, quoted by the *Brit. Med. Jour.*) In the first case, a man, aged fifty four, of steady habits, and with no history of venereal disease, was shaved by a barber on July 11th, 1880. The man observed, after being shaved, that he had three small cuts on the chin. On July 25th, the patient (who had had no relation with women for ten weeks) noticed a swelling at the site of each of the cuts first noticed after the shaving. On September 1st, the patient came under the care of M. Desprès, having been sent to the surgeon as a case of epithelioma. On examination, there were found three ulcers on the chin, surrounded by some red and moderately hard callosities. There was a hard gland beneath the jaw, but none elsewhere. No other signs of syphilis were discovered at that time. On September 15th, a papular syphilide appeared. The second case, that of a young man, aged twenty-two, was in many respects similar to the preceding; in him,

also, the initial lesion appeared on the chin, but the patient did not remember having been cut by the razor. In due time, glandular enlargement and a general syphilide followed.

Poisoning from Aconite.

A fluid drachm of tincture of aconite is a startling dose for a child to take and recover from. Yet such a case was related recently at the Toronto Medical Society, by Dr. Carroll. Of course, it was through inadvertence. Thirty minims of tr. aconite were given at 7 A.M., and no symptoms appeared until a second dose at 10 was given, when vomiting, accompanied by alarming symptoms of prostration, set in. Large doses of ammonia were given and the child recovered. Possibly the tincture was weaker than the standard.

Curious Cosmetic Invention.

In Paris, says the *Lancet*, false ears are a new manufacture for the toilet. Ladies who think they have ugly ears place these artistic productions under luxuriant tresses of false hair, fasten them to the natural ears, and wear them for show. False hair, false teeth, false breasts, false hips, false calves, false ears—what next?

Iowa State Medical Society.

The Twenty-ninth Annual session of the Iowa State Medical Society was held in Dubuque, beginning Wednesday, May 25th, 1881, at 10 A.M. A large attendance was present, and it was an interesting session.

J. F. KENNEDY, Sec'y.

Personal.

—Sir William Jenner, M.D., has been elected President of the Royal College of Physicians of London.

—A "great American rheumatic doctor" has been sent to jail in Bristol, England, for practicing medicine without a license.

—Prof. Helmholtz has been making a visit to Great Britain this spring, and has been received with distinguished honors by the medical societies.

—Dr. John Day, of Australia, well known for his researches on ozone, the peroxide of hydrogen, and other disinfectants, died in January last.

—Prof. Waldenburg, editor of one of the most esteemed German medical journals, the *Berliner Klinische Wochenschrift*, died last month, in Berlin.

—In his recent visit to Russia, Professor Charcot was entertained by Madame Dr. Tarnovsky, a woman practitioner of eminence in St. Petersburg. The Professor, at a professional banquet, expressed himself in terms of high praise about the "lady doctors," setting an example to the profession across the channel which they ought to imitate.